

F11000004932

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000288917 3)))



H110002889173ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

001988.158499

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION
CVPARTNERS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

FILED
2011 DEC -9 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

2011 DEC 12 2011

H110002889173

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC - 9 PM 4: 44

FILED

1. CVP Partners, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 84-3384157
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/01/2001 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 505 Sansome Street, Suite 1100, San Francisco, CA 94111
(Principal office address)
- (same as above)
(Current mailing address)

8. Personnel recruitment and consulting
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature] - assist. sec. for
(Registered agent's signature) NRAI Services, Inc.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

H110002889173

H110002889173

FILED

2011 DEC -9 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: (please see attached)

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: (please see attached)

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14.

Kent Gray, Chief Operating Officer

(Typed or printed name and capacity of person signing application)

H110002889173

H11000288917 3

**Application by Foreign Corporation for Authorization to Transact Business
Attachment for Item Nos. 12A and 12B
CVPartners, Inc.**

Corporation Officers and Directors:

<u>Title</u>	<u>Name</u>	<u>Address</u>
President, CEO & Director	Nancy Gray	505 Sansome Street, Suite 1100 San Francisco, CA 94111
Chief Operating Officer & Director	Kent Gray	505 Sansome Street, Suite 1100 San Francisco, CA 94111
Vice President & Director	Scott Hopkins	505 Sansome Street, Suite 1100 San Francisco, CA 94111
CFO/Treasurer	Ann King	505 Sansome Street, Suite 1100 San Francisco, CA 94111
Secretary	Patricia Powley	505 Sansome Street, Suite 1100 San Francisco, CA 94111
Vice President	Ian Casey	505 Sansome Street, Suite 1100 San Francisco, CA 94111

FILED
2011 DEC -9 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P:\272103\OFFICERS&DIRECTORS.FL.DOCX

H11000288917 3

H110002889173

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CVPARTNERS, INC.

FILE NUMBER: C2268620
FORMATION DATE: 01/01/2001
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

FILED
2011 DEC -9 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 05, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State