

F12000001258

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.

(((H12000075233 3)))



H12000075233ABCX

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

000173.163723

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

****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
COMPLETE PRODUCT CARE CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED
12 MAR 22 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)**3 March 23 2012**

H12000075233 3

**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.*

1. Complete Product Care Corp

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 26-3914093

(FEI number, if applicable)

4. 12/22/2008

(Date of incorporation)

5. Perpetual

(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. 575 Market Street, 10th Floor, San Francisco, CA 94105

(Principal office address)

575 Market Street, 10th Floor, San Francisco, CA 94105

(Current mailing address)

8. Extended service plans for consumer electronics and appliances

(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

(City)

, Florida **32301**

(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.

Jose Castellanos, Asst. Secretary

(Registered agent's signature)

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.

H12000075233 3

H12000075233 3

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

A. DIRECTORS

Chairman: Steve Abernethy

Address: 575 Market Street, 10th Floor, San Francisco, CA 94105

Vice Chairman: _____

Address: _____

Director: Ahmedulla Khan

Address: 575 Market Street, 10th Floor, San Francisco, CA 94105

Director: _____

Address: _____

B. OFFICERS

President: Steve Abernethy

Address: 575 Market Street, 10th Floor, San Francisco, CA 94105

Vice President: _____

Address: _____

Secretary: Ahmedulla Khaishgi

Address: 575 Market Street, 10th Floor, San Francisco, CA 94105

Treasurer: Ahmedulla Khaishgi

Address: 575 Market Street, 10th Floor, San Francisco, CA

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. Steve Abernethy, President & CEO

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

H12000075233 3

H12000075233 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPLETE PRODUCT CARE CORP" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MARCH, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPLETE PRODUCT CARE CORP" WAS INCORPORATED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED
12 MAR 22 PM 4:35
SECRETARY OF STATE
DELAWARE

4636750 8300

120339862

You may verify this certificate online
at corp.delaware.gov/outhvax.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9448971

DATE: 03-21-12

H12000075233 3