

# F12000002727

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

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-0821  
Fax Number : (850) 558-1515

**\*\*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  
COLLATERAL SPECIALISTS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
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*K 07/02/12*

RECEIVED  
12 JUN 29 AM 10:23  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
12 JUN 29 PM 12:38  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

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

1. COLLATERAL SPECIALISTS INC.

(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 3. 68-0366273 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/25/1995 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. 250 Bel Marin Keys Blvd, #G2, Novato, CA 94949 (Principal office address)

250 Bel Marin Keys Blvd, #G2, Novato, CA 94949 (Current mailing address)

8. Inventory Inspection Services (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: Corporation Service Company

Office Address: 1201 Hays Street

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.

Corporation Service Company

By: [Signature]

Kimberly B. Moret, as agent

(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.

12 JUN 29 PM 12:36 TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: James L Jennings

Address: 250 Bel Marin Keys Blvd., Suite G2, Novato, CA 94949

Vice Chairman: Brian L. Jennings

Address: 250 Bel Marin Keys Blvd., Suite G2, Novato, CA 94949

Director: Linda A. Jennings

Address: 250 Bel Marin Keys Blvd., Suite G2, Novato, CA 94949

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: James L. Jennings

Address: 250 Bel Marin Keys Blvd, #G2, Novato, CA 94949

Vice President: Brian L. Jennings

Address: 250 Bel Marin Keys Blvd., Suite G2, Novato, CA 94949

Secretary: Linda A. Jennings

Address: 250 Bel Marin Keys Blvd., Suite G2, Novato, CA 94949

Treasurer: James L. Jennings

Address: 250 Bel Marin Keys Blvd., Suite G2, Novato, CA 94949

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. James L. Jennings, President  
(Typed or printed name and capacity of person signing application)

12 JUN 29 PM 2:28  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLLATERAL SPECIALISTS INC." 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-SECOND DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLLATERAL SPECIALISTS INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 1995.

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

FILED  
12 JUN 29 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2543041 8300

120767182



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9662998

DATE: 06-22-12