

### Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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	Division of Co Fax Number	cporations : (850)617-63	**. 381		OCT 2 2 2012
From:	Account Name Account Number Phone Free Number	: NORTHWEST I : I2009000000 : (509)768-23 : (850)543-4	REGITERED AG	ENT LLC	4-4790
Email Addres	rt mailings. Ent	er only one e	Mail address	please.**	
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#### 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. Palos Verdes				
	orporation; must include "INCORPOR orp," "Inc," "Co," or "Corp.")	ATED	," "COMPANY," "CORPORATION,"	
۱ 				
(If name unavaila	able in Florida, enter alternate corporat	ie name	adopted for the purpose of transacting business in	n Florida)
2. California		3.	NA	
(State or country	under the law of which it is incorporate	ed)	(FEI number, if applicable)	
4, 06/05/1959		5.	Perpetual	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "pe	rpetual")
6, NA	·			
			in Florida, if prior to registration)	
			502, F.S., to determine penalty liability) .	
<sub>7.</sub> 1675 Samp	son Ave Corona, CA 92			
	(Principal of	fice ad	dress)	·
1675 Sam	pson Ave Corona, CA	9287	79	
	(Curtent mai	ling ad	dress)	
0	- <b>1</b> 4 <sup>1</sup> -			
8. Storage ba		<u> </u>		
(Purpose(	s) of corporation authorized in home st	ate or c	country to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered age	nt: (P.	O. Box <u>NOT</u> acceptable)	
Name:	Northwest Registered A	gent,	LLC	
Office Address:	3030 N. Rocky Point Dr. S	STE 1	50A	
	Tampa		Florida 33607	N N N
	(City)		, Florida <u>33607</u> (Zip code)	
10 10 - 1-4				5
	gent's acceptance:		vice of process for the above stated corporati	

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 dufies, and I am familiar with and accept the obligations of my position as registered agent.

Dan Keen-Manager (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.

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

#### A. DIRECTORS

Chairman: Terry Agrelius

Address: 1675 Sampson Ave Corona, CA 92879

Vice Chairman: Karen Agrelius

Address:	1675	Sampson A	Ave Corona	, CA 92879

Director: R. Steven Kay

Address: 1675 Sampson Ave Corona, CA 92879

**B. OFFICERS** 

President: Terry Agrelius	10	يەرىپ بۇغ
President: Terry Agrelius     Address:  1675 Sampson Ave Corona, CA 92879    Vice President:	0	. «د و الدار رسال ال
		و يو معرف الم
Vice President:		<u>ئە:</u>
Address:		، من
	କ ଜୀ	للإنداز . حو
Secretary: Karen Agrelius		7

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Address: 1675 Sampson Ave Corona, CA 92879

Treasurer: R. Steven Kay

13.

Address: 1675 Sampson Ave Corona, CA 92879

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

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.

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R. Steven\_ Kan / DIRECTOR 14.

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

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## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PALOS VERDES BUILDING CORP.

FILE NUMBER:C0376797FORMATION DATE:06/05/1959TYPE:DOMESTIC CORPORATIONJURISDICTION:CALIPORNIASTATUS:ACTIVE (GOOD STANDING)

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.



NE-25 (HEV. 1/2007).

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 18, 2012.

DEBRA BOWEN Secretary of State

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