Florida Department of State

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H130000174203)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Pax Number : (702)866-2689

annual report mailings. Enter only one email address please.**

Email Address: managed compliance @incorp.com

**Enter the email address for this business entity to be used for future()

FOREIGN PROFIT/NONPROFIT CORPORATION Residential Warranty Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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COVER LETTER

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TO: Ne	v Filing Section			A PARTY H
Div	ision of Corporation	s		75章 2
SUBJECT	. RE	SIDENTIAL W	ARRANTY SERVIC	ES, INC.
		Name of corporat	ion - must include suffix	
Dear Sir or	Madam:			ONI DE
"Certificate		Certificate of Good S	for Authorization to Transac Standing" and check are sub siness in Florida.	
Please retu	n all correspondence	concerning this ma	tter to the following:	
		Janio	e Null	
	<u>.</u>	Name	of Person	
			rvices, Inc.	
		Firm/C	Company	
	2:		Circle, Suite 400	
		Ad	idress	
			n, NV 89074	
		· ·	te and Zip code	
			ance@incorp.com	
	E-ma	il address: (to be use	ed for future annual report r	iotification)
For further	nformation concern	ing this matter, plea	se call:	
	r Incorp Service			
Na	me of Person	An	ea Code & Daytime Telepho	one Number
	ı			
	REET/COURIER A	ADDRESS:	MAILING A	
	v Filing Section	10	New Filing Se Division of Co	
	ision of Corporation ton Building	S	P.O. Box 6327	
	1 Executive Center (Circle	Tallahassee, F	
Tal	ahassee, FL 32301		•	
Enclosed is	a check for the follo	wing amount:		
570.00		3.75 Filing Fee & ertificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status Certified Copy

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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. RESIDENTIAL WARRANTY SERVICES, 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) Indiana (FEI number, if applicable) (State or country under the law of which it is incorporated) 10/6/1988 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") Upon registration (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 698 Pro-Med Lane, Carmel, IN 46032 (Principal office address) 698 Pro-Med Lane, Carmel, IN 46032 (Current mailing address) Provider of home warranties and home protection 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) Incorp Services, Inc. Name: 17888 67th Court North Office Address: Loxahatchee (City)

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.

Janice Null on behalf of Incorp 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.

12. N	Names and	business	addresses	of officers	and/or	directors:
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TE: If necessary, you may attach an addendum to the application listing additional officers and/or	airectors.

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. Phillip Nathan Thornberry, President

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

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

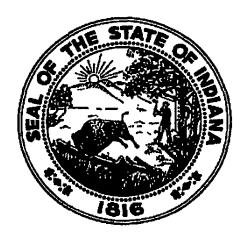
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

RESIDENTIAL WARRANTY SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 06, 1988, and was in existence or authorized to transact business in the State of Indiana on January 18, 2013.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighteenth Day of January, 2013.

Corrie Lawson

Connie Lawson, Secretary of State

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