# F13000003756

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Req	questor's Name)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Add	tress)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Add	lress)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City	/State/Zip/Phone	e #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP	WAIT	MAIL
Certified Copies Certificates of Status	(Bus	iness Entity Nan	ne)
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Special Instructions to Filing Officer:	Certified Copies	Certificates	of Status
	Special Instructions to F	Filing Officer:	
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Office Use Only



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August 27, 2013

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear New Filing Specialist:

Please find enclosed:

- Completed Cover Letter
- Completed Application
- Original Certificate of Status from the Secretary of State of California
- Check # 16519 in the amount of \$78.75 to cover the filing fee and Certificate of Status

Thank you for your assistance in registering SPRA to conduct business in Florida.

If you have questions or require anything further, please contact me on 510-788-2485 or at Robert corning@spra.com.

Sincerely,

Robert Corning

**CFO** 

Enc.

### **COVER LETTER**

<b>TO</b>								
TO: New Filing Section Division of Corporations								
SUBJECT: Social Policy Research Associates, Inc.								
Name of corporation - must include suffix								
Dear Sir or Mada	m:							
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.								
Please return all o	correspondence concerning this ma	atter to the following:						
Robert Corr	ning							
	Name	e of Person						
Social Poli	cy Research Associate	es, Inc.						
	Firm/9	Company						
1330 Broa	dway, Suite 1426							
	A	ddress						
Oakland, Ca	A 94612							
	City/Sta	ate and Zip code						
robert_cornir	ng@spra.com		<del> </del>					
	E-mail address: (to be us	sed for future annual report no	etification)					
For further inform	nation concerning this matter, plea	nse call:						
Robert Corning at ( 510 ) 788-2485								
Name of Person Area Code & Daytime Telephone Number								
New Fili Division Clifton B 2661 Exe	r/COURIER ADDRESS:  ng Section  of Corporations  uilding  ceutive Center Circle  see, FL 32301	New Filing Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a che	ck for the following amount:							
<b>570.00</b> Filing	g Fee \$\ \sum \frac{\$78.75}{\text{Filing Fee & Certificate of Status}}	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &					

# 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. \$	Social Policy	Research Associates, Inc.				
		corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ΈD	," "COMPANY," "CORPORATION,"		
(II	f name unavai	lable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting busin	ess in Flor	ida)
2. C	alifornia		3.	94-3143216		
(St	ate or country	under the law of which it is incorporated)	_	(FEI number, if applicable)		
4. <u>A</u>	ugust 1, 1	991	5.	perpetual		
	(Date	e of incorporation)		(Duration: Year corp. will cease to exist o	r "perpetua	al")
6. <u>A</u>	ugust 12,					
				in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. <b>1</b> 3	330 Broa	dway, Suite 1426, Oakland,			_	
		(Principal office	ado	dress)		
13	330 Broa	idway, Suite 1426, Oaklan				<del></del>
		(Current mailing	ado	iress)		
8. R	esearch: Lo	ocate and interview participants in	th	e federal reintegration of ex-offende	ers progr	am
	(Purpose(	s) of corporation authorized in home state of	or c	ountry to be carried out in state of Florida)		
9. N	ame and stre	et address of Florida registered agent:	(P.	O. Box NOT acceptable)		O.
	Name:	Northwest Registered Ager	nt,	<u>LLC</u>	ઝ <u>≉</u>	28 25 25
Offic	ee Address:	3030 N. Rocky Point Dr. STE	<u> 1</u>	<u>50A</u>	AUG 28	95
		Tampa		, Florida 33607		是不可
		(City)		(Zip code)	4H 6:4	50 S. 3. S.
Havi desig	ing been nan gnated in this	s application, I hereby accept the appo	int	ice of process for the above stated corpo ment as registered agent and agree to ac	oration at t	acity. I
		comply with the provisions of all statut r with and accept the obligations of my		relative to the proper and complete perfo sition as registered agent.	irmunce o	ij my auttes

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.

(Registered agent's signature)

Dan Keen-Manager

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Ron D'Amico Address: 1330 Broadway, Suite 1426, Oakland, CA 94612 Vice Chairman: Director: Andrew Wiegand Address: 1330 Broadway, Suite 1426, Oakland, CA 94612 Director: Hanh Cao Yu Address: 1330 Broadway, Suite 1426, Oakland, CA 94612 **B. OFFICERS** President: Ron D'Amico Address: 1330 Broadway, Suite 1426, Oakland, CA 94612 Vice President: Hanh Cao Yu Address: 1330 Broadway, Suite 1426, Oakland, CA 94612 Secretary: Andrew Wiegand Address: 1330 Broadway, Suite 1426, Oakland, CA 94612 Treasurer: CFO - Robert Corning Address: 1330 Broadway, Suite 1426, Oakland, CA 94612 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. 14. Robert Corning, CFO

## State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

SOCIAL POLICY RESEARCH ASSOCIATES, INC.

FILE NUMBER: -- @1693675

FORMATION DATE:

JURISDICTION:

08/02/1991

TYPE:

DOMESTIC CORPORATION

CALIFORNIA

STATUS:

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.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 17, 2013.

> **DEBRA BOWEN** Secretary of State