Division of Corporations Electronic Filing Cover Sheet

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(((H13000203105 3)))



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To:

Division of Corporations

Fax Number

; (850)617-6381

From:

: INCORP SERVICES INC Account Name

Account Number : I20120000007

Phone

(702)866-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## FOREIGN PROFIT/NONPROFIT CORPORATION Hargreaves Associates, Incorporated

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

## COVER LETTER

TO: New Filit	ng Section of Corporations		
	•	SSOCIATES, INCORI	PORATED
SUBJECT:		tion - must include suffix	
Deer Sir on Made	•		
Dear Sir or Mada	m;		
"Certificate of Ex	plication by Foreign Corporation tistence," or "Certificate of Good foreign corporation to transact bu	Standing" and check are subm	Business in Florida," uitted to register the
Please return all o	correspondence concerning this m	atter to the following:	
	Wend	y Hefley	
		of Person	
	<u></u>	ervices, inc.	
		Company	
		Circle, Suite 400	
•		ddress	
	<del>_</del>	n, NV 89074	
	•	ite and Zip code s@incorp.com	
		sed for future annual report no	tification)
For further inform	nation concerning this matter, ples	ase call:	
ror farater attorn	nation concerning mis manor, pro-	150 GUIII	
Vendy Hefley for li	ncorp Services, Inc. at (	2 866-2500	
Name of	Person A	rea Code & Daytime Telephor	ne Number
		*	
New Fili	C/COURIER ADDRESS:  ng Section  of Corporations	MAILING AD New Filing Sect Division of Cor	tion
Clifton B	uilding	P.O. Box 6327	
	ccutive Center Circle see, FL 32301	Tallahasseo, FL	, 32314
Enclosed is a che	ck for the following amount:		
<b>S \$70.00</b> Filing	Fee \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

## 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.

			· · · - · · · · ·	_	
California	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business	in Florida)	1	
2	under the law of which it is incorporated)	(FEI number, if applicable)		_	
, 03/15/198	5	Perpetual			
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "	perpetual")		
6. Upon reg	jistration	•			
<u></u>		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	SI	_	
າ 970 Tennessee Street, San Francisco, CA 94107		သ			
	(Principal office ad	dress)	AHASS	EP 12	FE
	(Current mailing ad	dress)	000	_ 	ED.
8. Landscape	e Architecture	_	25	$\odot$	
(Purpose(s	) of corporation authorized in home state or c	country to be carried out in state of Florida)	충류	[-]	
9. Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	•		
Name:	Incorp Services, Inc.				
Office Address:	17888 67th Court North				
	Loxahatchee	Florida 33470			
	(City)	(Zip code)			

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.

Wendy Hefley on behalf of Incorp Services, Inc.

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. Names and business addresses of officers and/or directors:	
A: DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	——————————————————————————————————————
Address:	A A B B B B B B B B B B B B B B B B B B
	SEP I
B. OFFICERS	RY 2
President: Mary Margaret Jones	
Address: 970 Tennessee Street	<u> </u>
San Francisco, CA 94107	<b>5</b>
Vice President:	
Address:	
Secretary:	·
Address:	
Trensurer:	<u> </u>
Address:	
NOTE: If necessary you may attach an addendum to the application listing addition	onal officers and/or directors.
Signature of Director or Officer	
Signature of Director of Officer  The officer or director signing this document (and who is listed in number 12 above are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S.  Mary Margaret Jones, President	affirms that the facts stated herein to the Department of State constitutes

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

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HARGREAVES ASSOCIATES, INCORPORATED

13 SEP 12 AM 10: 47
SECRETARY OF STATE
TALLAHASSEE, FLORD

FILE NUMBER: FORMATION DATE: C1184843 03/15/1985

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

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 30, 2013.

DEBRA BOWEN Secretary of State