# F14000000533

(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Г.:
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ON SERVICE COMPANY				
	ACCOUNT NO.	: 120000001	.95	
	REFERENCE	960226	7728905	
	authorization	melle bland		
	COST LIMIT	\$ 70.00		
ORDER DATE :	January 13, 2014			
ORDER TIME :	10:10 AM			
ORDER NO. :	960226-010			
CUSTOMER NO:	7728905			
	FOREIGN F	ILINGS		
NAME :	MASON, BRUCE 8	GIRARD, INC.		SECNETARY OF TALLAHASSEEF
XXXX QUALIFICA	ATION (TYPE: <u>CC</u>	<u>)</u> )		AM 8: 20
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILI	NG:	OE -
XX PLAIN S	IED COPY STAMPED COPY ICATE OF GOOD STA	ANDING		
CONTACT PERSON	: Susie Knight -	EXT# 52956		

EXAMINER:

### 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.

L. MASON, BRU	CE & GIRARD, INC.					
	orporation; must include "INCORPORATEL corp," "Inc," "Co," or "Corp.")	<b>)</b> ,"	"COMPANY," "CORPORATION,"			
	able in Florida, enter alternate corporate nam	e ac	lopted for the purpose of transacting busines	s in Florida)	<u> </u>	
2. Oregon		3				
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)				
4		5. F	Perpetual			
(Date of incorporation) (Duration: Year corp. will cease to exist o		"perpetual")	_			
6.						
			Florida, if prior to registration)			
707 04444	•	.150	2, F.S., to determine penalty liability)			
7. 707 SW Washir	ngton Street Portland, OR 97205-3536					
	(Principal office ad	ldre	ss)	Z S S	7	
707 SW Washi	ngton Street Portland, OR 97205-3536				<u></u>	
	(Current mailing ad	idre	ss)	盖門	<u> </u>	,
Consulting				ASSER VXX	-6	F
(Purpose(s	) of corporation authorized in home state or i	cour	ntry to be carried out in state of Florida)	1 T		
9. Name and stree	et address of Florida registered agent: (P	.O.	Box NOT acceptable)	STATE	8: 2	····
Name:	Corporation Service Company		<u> </u>	<b>"</b> 4		
Office Address:	1201 Hays Street		<del></del>			
	Tallahassee		, Florida			
	(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

Sue G. Knight

Assistant Vice President

(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:	F- Character		
Address:			
<del></del>	48-74-74)		
Vice Chairman:		<del></del> _	
Address:			
Director: Stephen E. Fairweather		<u>-</u>	
Address: 707 SW Washington Street Portland, OR 97205-3536			
Director:			
Address:			
B. OFFICERS	<b>→</b> .		
President: Stephen E. Fairweather	<u> </u>		
707 SW Washington Street Portland, OR 97205-3536	SEC ALL	14	
		- 83	
Vice President: Mark L. Rasmussen	SSE	တ်	ì
Address: 707 SW Washington Street Portland, OR 97205-3536		至	1 . (
	O. F.	<del>- 8:</del> 2:	
Michael L Lester	» m	<del>(2)</del>	•
Address: 707 SW Washington Street Portland, OR 97205-3536			
Treasurer:			
Address:	· · · · · · · · · · · · · · · · · · ·		<del></del>
NOTE: If necessary, you may attach an addendum to the application list.	sting additional officers and/or director	is.	
Signature of Director or Offi			
The officer or director signing this document (and who is listed in numb are true and that he or she is aware that false information submitted in a a third degree felony as provided for in s.817.155, F.S.			
Michael L Lester, Secretary			

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

### **CERTIFICATE**

# State of Oregon

## OFFICE OF THE SECRETARY OF STATE Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

### MASON, BRUCE & GIRARD, INC.

was

incorporated

under the Oregon

**Business Corporation Act** 

on

January 1, 1980

and is active on the records of the Corporation Division as of the date of this certificate.





In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State

February 4, 2014