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Page 1 of 2

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**FOREIGN PROFIT/NONPROFIT CORPORATION
COVENANT RE MANAGEMENT, INC.**

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(1/5) 04/08/2014 11:47:34 AM -0400

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Date: 04/08/2014 11:47:02 AM -0400

Pages: 4

Subject: COVENANT RE MANAGEMENT, INC.

To:

Organization:

Fax Number: 8506176381

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Organization:

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Email: mstops@incserv.com

Comments:

Melissa A. Stops
Sr. Client Services Representative
Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
800.699.9673
850.656.7956 (direct)
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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. COVENANT RE MANAGEMENT, 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)

2. CALIFORNIA 3. 20-2935369
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 5/26/2005 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 5/15/2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 17000 RED HILL AVENUE, IRVINE, CA 92614
(Principal office address)
17000 RED HILL AVENUE, IRVINE, CA 92614
(Current mailing address)

8. REAL ESTATE DEVELOPMENT
(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)

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

NRAI Services, Inc.

By: Bretta A. McCall Asst. Sec.
(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: _____

Address: _____

Vice Chairman: _____

Address: _____
_____Director: STEPHE B. THORNE, IVAddress: 17000 RED HILL AVENUE, IRVINE, CA 92614
_____Director: PAMELA A. THORNEAddress: 17000 RED HILL AVENUE, IRVINE, CA 92614
_____**B. OFFICERS**President: STEPHEN B. THORNE, IVAddress: 17000 RED HILL AVENUE, IRVINE, CA 92614

Vice President: _____

Address: _____
_____Secretary: STEPHEN B. THORNE, IVAddress: 17000 RED HILL AVENUE, IRVINE, CA 92614
_____Treasurer: PAMELA A. THORNEAddress: 17000 RED HILL AVENUE, IRVINE, CA 92614

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

13. 

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. STEPHEN B. THORNE, IV, PRESIDENT

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

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

COVENANT RE MANAGEMENT, INC.

FILE NUMBER: C2763524
FORMATION DATE: 05/26/2005
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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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 April 04, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State