

F14000004189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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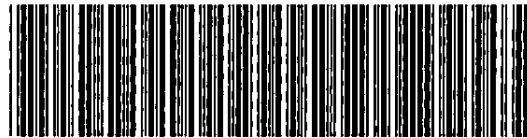
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Furniture Care Protection, Inc

Name of corporation - must include suffix

Dear Sir or Madam:

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 correspondence concerning this matter to the following:

Danny A Minnick

Name of Person

Furniture Care Protection, Inc

Firm/Company

609 South Kelly Avenue, Suite E-8

Address

Edmond, OK 73003

City/State and Zip code

kathy@furniturecareprotection.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Stapleton

Name of Person

at (405) 348-2100

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 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.*

1. **Furniture Care Protection, 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. **Oklahoma**

(State or country under the law of which it is incorporated)

3. **27-3443565**

(FEI number, if applicable)

4. **09/08/2014**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **October 6, 2014**

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

7. **609 South Kelly Avenue, Suite E-8; Edmond, OK 73003**

(Principal office address)

609 South Kelly Avenue, Suite E-8; Edmond, OK 73003

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

CT Corporation System

Office Address:

1200 South Pine Island Rd

Plantation

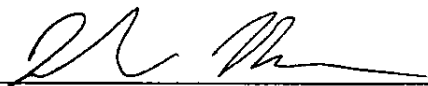
(City)

, Florida **33324**

(Zip code)

9. **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.



(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Attached Addendum

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Daniel A Minnick

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.

13. Daniel A Minnick - Vice President

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

17 OCT -3 PM 12:37
STATE
TAMPA

**Addendum to Application for Furniture Care Protection, Inc. to register a
Foreign Corporation for Authorization to Transact Business in Florida**

DIRECTORS:

Chairman: David W Hall
609 South Kelly Avenue, Suite E-8
Edmond, OK 73003

Director: Daniel A Minnick
609 South Kelly Avenue, Suite E-8
Edmond, OK 73003

Director: Steve Burke
11 Vanderbilt
Irvine, CA 92618

Director: Clayton Hammond
609 South Kelly Avenue, Suite E-8
Edmond, OK 73003

Director: Kathy Stapleton
609 South Kelly Avenue, Suite E-8
Edmond, OK 73003

OFFICERS:

President: David W Hall
609 South Kelly Avenue, Suite E-8
Edmond, OK 73003

VicePresident: Daniel A Minnick
609 South Kelly Avenue, Suite E-8
Edmond, OK 73003

CEO: Steve Burke
11 Vanderbilt
Irvine, CA 92618

Vice President: Clayton Hammond
609 South Kelly Avenue, Suite E-8
Edmond, OK 73003

Sec/Treas: Kathy Stapleton
609 South Kelly Avenue, Suite E-8
Edmond, OK 73003

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CLERK OF STATE
TALLAHASSEE FLORIDA

OKLAHOMA Secretary of State Electronic Orders

Entity Orders Information

Document Number: 25625740002

Order Items Information

Filing Number	Quantity	Name	Order type
1912285429	1	FURNITURE CARE PROTECTION, INC.	Certificate of Good Standing

[End Of Image]

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OKLAHOMA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING
DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that FURNITURE CARE PROTECTION, INC. whose registered agent is DAVID W. HALL, with its registered office at 609 S. KELLY STE. 63 EDMOND 73003 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 2nd, day of October, 2014.

A handwritten signature in cursive script, reading "Chris Benz", is written over a horizontal line.

Secretary Of State