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To:

Division of Corporations

Fax Number : (85C) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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

Email	Address:	
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## FOREIGN PROFIT/NONPROFIT CORPORATION Calverhall Apartment Property Management, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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Corporate Filing Menu

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2/10/2015

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Calverhall Apartment Property	Management, Inc.
Name of corporation - must inc	
·	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorizat "Certificate of Existence," or "Certificate of Good Standing" and above referenced foreign corporation to transact business in Florida.	check are submitted to register the
Please return all correspondence concerning this matter to the foll	owing:
Richard A. Davidson, Esq.	
Name of Person	
LANE & WATERMAN LLP	
Firm/Company	
220 N. Main Street, Ste. 600	
Address	
Davenport, IA 52801	
City/State and Zip cod	e
bizfilings@l-wlaw.com	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter, please call:	
Business Paralegal at 563 324	-3246
	lytime Telephone Number
	•
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	

under the law of which it is incorporated.

# 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.

(If name unavails	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting b	usiness in Florida)
lowa	3	42-1483803	
1/12/1999		(FEI number, if applic	
(Date	of incorporation)	(Duration: Year corp. will cease to ex	ist or "perpetual")
519 S. Su	(SEE SECTIONS 607.1501 & 607.1 mmit Street, Iowa City, IA		<u> </u>
	(Principal office ad	dress)	AH CEB
same	(Current mailing ad	dress	
	et address of Florida registered agent: (P.  CT Corporation System	O. Box NOT acceptable)	AH 8: 1
Name: Office Address:	1200 South Pine Island R	<del></del>	<b>D</b> m <b>1</b>
	Plantation	, Florida 33324	
	(City)	(Zip code)	
laving been nam lesignated in this lurther agree to c	ent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes amiliar with and accept the obligations	tment as registered agent and agree relative to the proper and complete	to act in this capacity
,	1 0 4	James M. Halpin	
	1 4h. 611 A	Assistant Secretary	

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

11. Names and business addresses of orlicers and/or directors:
a. directors
Chairman: David Barker
Address: 519 S. Summit Street, Iowa City, IA 52240
Vice Chairman: David Barker
Address: 519 S. Summit Street, Iowa City, IA 52240
Director: James Barker
Address: 519 S. Summit Street, Iowa City, IA 52240
Director:
Address:
B. OFFICERS
President: David Barker
Address: 519 S. Summit Street, Iowa City, IA 52240
Address
Vice President: David Barker
Address: 519 S. Summit Street, Iowa City, IA 52240
Secretary: Sarah Richardson
Address: 519 S. Summit Street, Iowa City, IA 52240
Treasurer: David Barker
Address: 519 S. Summit Street, Iowa City, IA 52240
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. (1) 1
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 David Barker, President
(Typed or printed name and capacity of person signing application)

### IOWA SECRETARY OF STATE PAUL D. PATE



#### CERTIFICATE OF EXISTENCE

Date: 2/9/2015

Name: CALVERHALL APARTMENT PROPERTY MANAGEMENT, INC. (490 DP - 224508)

Date of Incorporation: 1/12/1999

**Duration: PERPETUAL** 

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:
  - a. The entity is in existence and duly incorporated under the laws of lowa.
  - b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
  - c. The most recent biennial report required has been filed with the Secretary of State.
  - d. Articles of dissolution have not been filed.

Certificate ID: CS102491

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State