

715 600001420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

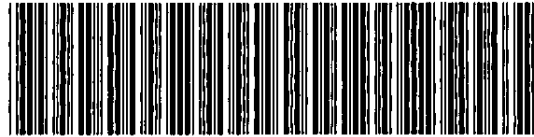
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 APR - 1 PM 12:33

FOR NOTICE
TO APPROPRIATE
SUFFICIENT OF FILING

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2015 APR - 1 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/1/15

NAME: CWBS-MISA, INC

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2015

FLORIDA FILING & SEARCH SERVICES
% ABBIE/PAUL HODGE
TALL., FL

SUBJECT: CWBS-MISA, INC.
Ref. Number: W15000022826

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 APR -2 PM 4:32
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

We have received your document for CWBS-MISA, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted an application which does not meet the current requirements of the Florida Statutes. You may complete our current form or amend your application to include the required information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 415A00006547

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CWBS-MISA, 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:

William T. Courtney

Name of Person

CWBS-MISA, Inc.

Firm/Company

9100 CENTRE POINTE DR. SUITE 210

Address

WEST CHESTER OH 45069

City/State and Zip code

cheryl.hickerson@clarkdlettrich.com

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

For further information concerning this matter, please call:

Brittany Tollinchi

Name of Person

at (866)

775-0112

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. CWBS-MISA, 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. Delaware 3. 13-3680543
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/18/2015 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 9100 CENTRE POINTE DR. SUITE 210 WEST CHESTER OH 45069
(Principal office address)
- Same as above
(Current mailing address)

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

Name: National Corporate Research, Ltd., Inc.

Office Address: 155 Office Plaza Drive

Tallahassee, Florida 32301
(City) (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.

Battamy Talpinchi - Assistant Secretary of NCR
(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.

2015 APR -1 AM 10:51

FILED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Martine Saint-Germain

Address: 150 E. 42nd Street, 7th Floor, New York, NY 10017

Director: Hiroyuki Nishida

Address: 150 E. 42nd Street, 7th Floor, New York, NY 10017

B. OFFICERS

President: William T. Courtney

Address: 9100 CENTRE POINTE DR. SUITE 210 WEST CHESTER OH 45069

Vice President: _____

Address: _____

Secretary: Keith Harr

Address: 9100 CENTRE POINTE DR. SUITE 210 WEST CHESTER OH 45069

Treasurer: Paul Galtan

Address: 9100 CENTRE POINTE DR. SUITE 210 WEST CHESTER OH 45069

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

12. 
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. Paul Galtan, Treasurer
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CWBS-MISA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CWBS-MISA, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2307101 8300

150449298

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2254234

DATE: 04-01-15