

F17000005778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

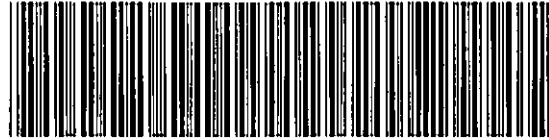
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900306982879

12/27/17--01007--021 \*\*70.00

FILED

17 DEC 26 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 27 2017

Y SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** California Code Check, 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:

Teri M. Trimmer

\_\_\_\_\_  
Name of Person

Bureau Veritas North America, Inc.

\_\_\_\_\_  
Firm/Company

1601 Sawgrass Corporate Parkway Ste. 400

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33323

\_\_\_\_\_  
City/State and Zip code

teri.trimmer@bureauveritas.com

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

For further information concerning this matter, please call:

Teri Trimmer

at ( 954 ) 233 0238

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. California Code Check, 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

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. 10/16/2000

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. JANUARY 2, 2018

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

7. 250 N. Westlake Blvd., Ste. 150, Westlake Village, CA 91362

(Principal office address)

1601 Sawgrass Corporate Parkway, Ste. 400, Fort Lauderdale, FL 33323

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

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.*

C T Corporation System

By: \_\_\_\_\_

**Peter F. Souza**  
**Assistant Secretary**

(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.

FILED  
17 DEC 26 PM 2:49  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Natalia Shuman

Address: 1601 Sawgrass Corporate Parkway, Ste. 400

Fort Lauderdale, FL 33323

Director: Luis Damasceno

Address: 1601 Sawgrass Corporate Parkway, Ste. 400

Fort Lauderdale, FL 33323

**B. OFFICERS**

President: Charles Tom Harris

Address: 250 N. Westlake Blvd., Ste. 150

Westlake Village, CA 91362

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Heather Bush

Address: 1601 Sawgrass Corporate Parkway, Ste. 400, Fort Lauderdale, FL 33323

Treasurer: Luis Damasceno

Address: 1601 Sawgrass Corporate Parkway, Ste. 400, Fort Lauderdale, FL 33323

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

12. Heather P. Bush

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Heather Bush, Secretary

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

FILED  
17 DEC 26 PM 4:49  
DEPARTMENT OF STATE  
ALBANY, N.Y.

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

CALIFORNIA CODE CHECK, INC.

**FILE NUMBER:** C2200208  
**FORMATION DATE:** 10/16/2000  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 December 15, 2017.

**ALEX PADILLA**  
Secretary of State