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Special Instructions to	Filing Officer:	
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Office Use Only



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CORPORATE
ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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		CERTIFIED COPY						
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1.		CHAUCER AMERICA INC						
2.		(CORPORATE NAME AND DOCUMEN	VT #)					
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6.		(CORPORATE NAME AND DOCUMEN	IT#)					
SPI	ECIA	L INSTRUCTIONS:						

COVER LETTER

TO:		tration Se ion of Co	ection rporation:	S				
SUBJ	ECT:	Chaucer	America li	nc.				
				Name of	corporation	n - musi	include suffix	
Dear S	ir or M	adam:						
"Certif	ficate of	f Existend	ce," or "C	ertificate o		nding"	and check are sul	nct Business in Florida," omitted to register the
Please	return	all corres	pondence	concerning	g this matte	r to the	following:	
	<u> </u>				Name of	Person		
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For fu	ther in	formation	concerni	ng this mat	ter, please	call:		
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	Name	e of Perso	on		Area Cod	le	Daytime Telep	hone Number
	Regis Divisi Clifto 2661	tration Se on of Co n Buildin	ection rporations g c Center C				MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7
Enclos	ed is a	check for	the follo	wing amou	nt:			
⊠. \$ 70).00 Fil	ing Fee		.75 Filing l rtificate of			75 Filing Fee & fied Copy	S87.50 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.

Chaucer Ameri	ca Inc.		
(Enter name of c	corporation: must include "INCORPORATED." Corp," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting business in Florida)	
Delaware	,	parties of dance in a second parties in a toronty	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. October 31, 200			
·'	of incorporation)	(Date of duration, if other than perpetual)	
6. upon qualificati	on	,	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	Florida, if prior to registration)	
, 5847 San Felipe,	17th Floor, Houston, Texas 77057	and the second s	
r	(Principal	office address)	
	(Current mailing	address, if different)	
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	52
Name:	NRAI Services, Inc.		2011
Office Address:	1200 South Pine Island Road		A SE
	Plantation	, Florida ³³³²⁴	\$30 SSE
	(City)	(Zip code)	
9. Registered age	ent's accentance	, i	聖 華 四
Having been nam	ed as registered agent and to accept service	of process for the above stated corporation at the p	iloce > O
designated in this	application, I hereby accept the appointme	ent as registered agent and agree to act in this capa-	in I f
Juriher agree to c duties, and I am t	omply with the provisions of all statutes rel familian with and accept the obligations of i	lative to the proper and complete performance of m	y
	NRAI Services. Inc.	ny positivit is registeren ngent.	
,	h word		
By / :	1 / / / / / / / / / / / / / / / / / / /	Michael D. Memanos, Ass	+ Sectu
/-	(Registered ag	ent's signature)	- /
10. Attached is a	certificate of existence duly authenticated, n	ot more than 90 days prior to delivery of this applica	tion to
me rebarduent or	seer of the secretary of state of other offi	icial having custody of corporate records in the jurisd	nation

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under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _ Address: _ Vice Chairman: _____ Director: Paul Burke Address: 5847 San Felipe, 17th Floor, Houston, Texas 77057 B. OFFICERS President: Martin Wassell Address: 5847 San Felipe. 17th Floor, Houston, Texas 77057 Vice President: Secretary: ____ 5847 San Felipe, 17th Floor, Houston, Texas 77057 Julie Freeman Address: 5847 San Felipe, 17th Floor, Houston, Texas 77057 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Julie Freeman, Secretary/Treasurer

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

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CHAUCER AMERICA 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 THIRTY-FIRST DAY OF JANUARY, A.D.

2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHAUCER AMERICA INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2006.

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

Authentication: 202177391

Date: 01-31-19

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