

F19000004303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

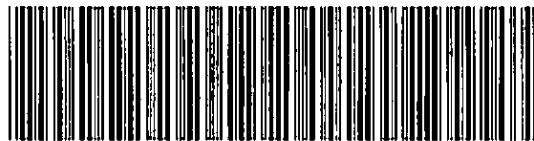
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800333413248

09/11/19--01024--002 **70.00

2019 SEP 11 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

✓

APPROVED.

BUCKLEY

Sam Mendoza-Ferguson
Licensing Analyst
2001 M Street NW, Suite 500
Washington, DC 20036
t. (202) 461-2944
sam@approvedlicensing.com

September 10, 2019

Via Federal Express

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

FILED
2019 SEP 11 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Re: Southern Cascades Finance Corporation – Florida Foreign Qualification
Application**

To Whom It May Concern:

We are writing to the Florida Department of State, Division of Corporations (the "Division") on behalf of Southern Cascades Finance Corporation ("Southern Cascades") in connection with a Florida Foreign Qualification Application. In connection with the application, enclosed please find the following items:

- Florida Foreign Qualification Application
- Oregon Certificate of Existence
- Check in the amount of 70.00 to cover the application fee

The Division's assistance with this matter is greatly appreciated. Please do not hesitate to contact us at (202) 461-2944 or sam@approvedlicensing.com with any questions.

Respectfully submitted,



Sam Mendoza-Ferguson

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations
Southern Cascades Finance Corporation
SUBJECT: _____

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:
Sam Mendoza-Ferguson

APPROVED Licensing	Name of Person
2001 M Street NW, Suite 500	Firm/Company
Washington, DC 20036	Address
NAmes@socascades.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Necia Ames	541	245-7041
_____	at (_____)	_____
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 checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

FILED
2019 SEP 11 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.*

Southern Cascades Finance Corporation

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

09/05/2012

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

326 N. Bartlett Street, Medford, OR 97501

7. _____
(Principal office address)

(Current mailing address, if different)

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

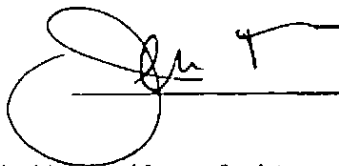
Name: _____
NRAI Services, Inc.

Office Address: _____
1200 South Pine Island Road

Plantation _____, Florida _____
(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.

 _____
Jennifer Tasevoli Asst. 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
2019 SEP 11 PM 4:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Please see the attached.

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Please see the attached.

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. _____

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.

Alexander Allen, President and Director

13. _____

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

FILED
2019 SEP 1 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State Foreign Qualification Application

List of Officers and/or Directors

Name	Business Address	Title
Alexander Robert Allen	326 N. Bartlett Street, Medford, OR 97501	President and Director
Amanda Carrie O'Callahan	326 N. Bartlett Street, Medford, OR 97501	Secretary and Director
Edward Charles Impert	326 N. Bartlett Street, Medford, OR 97501	Treasurer and Director

FILED

2019 SEP 11 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 760G581T3.

I, BEV CLARNO, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

SOUTHERN CASCADES FINANCE CORPORATION

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

2019 SEP 11 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

A handwritten signature in cursive script, reading "Bev Clarno".

BEV CLARNO, SECRETARY OF STATE

6/25/2019