79500000522

		
C T CORPORATION SYSTEM		
Requestor's Name		
1311 Executive Center Dr	ive. Ste. 200	
Address		All Market Commences
	4004) 474 0300	and the second s
Tallahassee FL 32301 City State Zip	(904) 656-8298 Phone	*****
CORPORATE	ON(S) NAME	
		- <u> </u>
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	The Land House T	
	My harmon for the same har to	
(m m		
(y) Profit (') NonProfit	() Amendment	() Merger.
(/) Foreign	() Dissolution/Withdrawa	l () Mark
() Limited Partnership	() Annual Report	() Other
() Reinstatement	() Reservation	() Change of R.A.
() Homotatomorit	()1100011011011	() Fictitious Name
() Certified Copy	() Photo Copies	() CUS / G/S
() Call When Ready	() Call if Problem	() After 4:30 to 5
(/) Walk In	() Will Wait	() Pick Up
() Mail Out	() THE TYPE	J.f.
Name		<u>~</u>
Availability	€) at PLEASE	E RETURN EXTRA CORP (S)
Document		FILE STAMPED 🕥
Examiner		16
Updater		8
Veriller		1 1
Acknowledgment		1.C
W.P. Verifler		V / ·

CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUB-MITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Eagle Financial Associates, Inc. no of corporation: must include the word "INCORPORATE			
(Nam	ne of corporation: must include the word "INCORPORATE	D," "COM	PANY,	or
that it is	ORATION* or words or abbreviations of like import in lang	បត្តឲ្យ	/III cloai	rly indicate
	s a corporation instead of a natural person or partnership t present.)	II HOL BO C	on សម្រុក ប	dein tuo
	. F. 52 61117		<u> </u>	in i
				器器
2. Tenn			(.)	-03-
	(State or country under the law of which it is incorpor	ated)	.79	- 삼석일 - 리유선
3. Hove	mber 24, 1992 4. Perpe	rual		<u> </u>
(Da	ate of Incorporation) (D	uration)	***	스틱
			ത	51 51
5. <u>62-1</u>	527687			•
	(Federal Employer Identification number, if app	licable)	·	
6	Following qualification			
(Date fire	st transacted business in Florida. See sections 607.1501,			
7	202 - 134 North Henry St., Morristown, TN 37814			
	(Current mailing address)		-	<u></u>
For t	the purposes of conducting all facets of accounts rec	eivables		
8. <u>manac</u>	gement,			
(Driet de	scription of the nature of the business in which it is engag	jed in the	state of	Florida)
9. Name	es and street addresses of officers and or directors:			
Α.	Directors:			
Chairmar	n:			
Address:				
Vice Chai	·			
	irman:			
Address:				
			,	
	Daynes d. A			
	Raymond L. Loewen		-	
Address:	4126 Norland Avenue			
	Burnaby, British Columbia V5G 3S8			
Director:	Peter S. Hyndman			
Address:				
AUG1633,		·/·· •		
	Burnaby, British Columbia V5G 3S8			

(FLA.-2189 - 2/1/92)

	d list of office	re		
Vice President:				
\ddrage:				
Speratory				
Socrotary: Addross:				
				
Froasuror:			,	
\ddress:				
			Na 42 1 42-	N 1 - 481
if needed, you may atte lirectors.)	en an addendum t	o the application	n listing addi	ional officers and/or
	C T Corporation			
Office Address				
	T I I I I I I I I I I I I I I I I I I I		,Florida :	
1. Registered agent'	'e accontanca:			Zip Code
_	•	nent and to acc	ent service of	f process in the abo
tated corporation at the segistered agent and a rovisions of all statutes m familiar with and acce	place designated igree to act in this relative to the pro	in this application capacity. I furth per and complete	on, I hereby a ner agree to d te performan	ccept the appointme comply with the ce of my duties, and
	\circ	AT CO	An su	rstem
Registered agent's	signature:	Mm 1-3	Plan (s,	B C C III
	//	ohn P. Stout, As	(Officer)	,
			ame and Title	
		(1)		o, o
		•		than 90 days prior to of State or other offi
elivery of this application	n to the Departme	nt of State, by th	ne Secretary	of State or other offi
elivery of this application aving custody of corpora	n to the Departme	nt of State, by th	ne Secretary	of State or other offi
2. Attached is a certification aving custody of corporations.	n to the Department ate records in the	nt of State, by th jurisdiction unde	ne Secretary er the law of	of State or other offi which it is incorporat
elivery of this application aving custody of corpora	n to the Department ate records in the	nt of State, by th jurisdiction unde	ne Secretary er the law of	of State or other offi which it is incorporat

(Name and capacity of person signing application)

Application by Fgn. Corp. for Authorization to Transact Business in Florida

Officers of Eagle Financial Associates, Inc.

- 1. Poter S. Hyndman, Assistant Secretary 4126 Norland Avenue Burnaby, British Columbia V5G 3S8
- Mylos S. Cairns, President 800 - 50 EastRiver Center Blvd. Covington, Kentucky 41011
- Herbert A. Mayes, Vice President Suite 202 - 134 North Henry Street Morristown, Tennessee 37814
- F. Duane Schaefer, Secretary/Treasurer 801 Teas Road Conroe, Texas 77303

Secretary of State Corporations Section James K. Polk Builling, Suite 1800 Nashville, Tennessee 37243-0306

ISSUANCE DATE: 01/11/1995 REQUEST NUMBER: 95011037 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 11/24/1992 STATUS: ACTIVE CORFORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0259668 JURISDICTION: TENNESSEE

CAPITAL FILING SERVICE, INC. 214 OLD HICKORY BLVD NO. 199 NASHVILLE, TN 37221

REQUESTED BY: CAPITAL FILING SERVICE, INC. 214 OLD HICKORY BLVD NO. 199 NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "EAGLE FINANCIAL ASSOCIATES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSCLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

CAPITAL FILING SERVICE, INC. 214 OLD HICKORY BLVD

NASHVILLE, TN 37221-0000

ON DATE: 01/11/95

RECEIVED:

FEES \$350.00

\$350.00

TOTAL PAYMENT RECEIVED:

\$700.00

RECEIPT NUMBER: 00001735970 ACCOUNT NUMBER: 00101230

FROM:

RILEY C. DARNELL SECRETARY OF STATE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham

FOR REINSTATEMENT

Secretary of State DIVISION OF CORPORATIONS

96 OCT 15 PH12: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

F95000000522 **DOCUMENT #**

t Corporation Name

EAGLE FINANCIAL ASSOCIATES, INC.

Pencil	nal Pi	ace	of Elia	SHIPSE

SIGNATURE:

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

202 - 134 NORTH HENRY STREET

202 - 104 NORTH HENRY STREET



MORRISTOWN TN 37814		MORRISTOWN TN 37814			\$ 100)100 PILO 10701 BILL BOLL BOLL BOLL BOLL BOLL BOLL BOLL			
				R according training	EINSTA	ATEMENT	16an	
il above n	ddresses are incorrect in any way, line th	rough incorrect in	iformation and enter c ng Oilice Address, If A	OTTOCHOR DRIVEN.	4 Date income	- at-ut-or Ountdiard	4044005	
2. New Pri	ncipal Otlice Address, If Applicable				To Do Busin	ess le Florida 0	1/31/1995	
Suite, Apl	#, ofc	Guite, Apt. #.	old Land Avenue		5 FEI Number	AA 4507607	Applied For	
	275 Old Kentucky Road	City & State	Tand Avenue		·}	62-1527687	Not Applicable	
City & State Russell	ville, TN	Burnaby,	B.C.		0	SE STATE OF THE SECOND CO.	75 Additional Fee required	
Zφ	Country	Zip VSG 358	Cana		CERTIFICATE	OF STATUS DESIRED	for a Certificate of Status	
37860	USA and Street Addresses of Each Officer and	d/or Director (Flo	rida nonprekt carpara	tions must list at lo	nst 3 directors)			
Title(s)	Name of Officers and/or Directors		Off	ent Address of Encicer and/or Directors Post Office Box	ıt	4	State / Z/p	
ASD	1 2		4126 NORLAND AVENUE			BURNABY, B.C. V5G 3S8		
P CAIRNS, MYLES-S		800-50 EASTRIVER CENTER BLVD-		COVINGTON KY-41011				
	BALLANTYNE, W. GRANT		4126 Norland			Burnaby, B.C. V5G 358		
٧			SUITE 202 - 134 NORTH HENRY STRE		Y STRE	MORRISTOWN TN 37814		
ST SCHAEFER, F. DUANE		801 TEAS ROAD		CONROE TX 77303				
D LOEWEN, RAYMOND L		4126 NORLAND AVENUE BURNABY, B.C. V5G		3\$G				
		D. lotered Ac	non!	 -	9. Name and	Address of New Registers	d Agent	
	8. Name and Address of Currer	Ut Hodistered W		Name				
	CORPORATION SYSTEM			Street Address	(P.O. Box Numbe		-01038013 0****375.00	
) SOUTH PINE ISLAND ROAD NTATION FL 33324			Suite, Apt. #, E	tc.			
				City) F	nto Zip Code	
Signature Registere	Ophn P. Start	PEGISTERED A	GENT MUST SIGN	uistunt J	A	Date 10 /14/	1996	
11.	Does this corporation pay Dept. of Revenue under	/ any ini an S. 199.032	igible tax to t 2, Florida Sta	he tutes. Ye	s 🗌 No 🛭	(See other on in	side for information trangible tax.)	
12 cn1	ply that I am an officer or director or the re- einstatement application, the reason for di by the corporation have been paid and to is application is frue and accurate and medium.	colver or trustee lissolution has be-	empowered to execute on eliminated, the con	ie this application a porate name satisfi orm do not qualify i	for an exemption u	hapter 607 or 617, F.S. I furt its of section 607,0401 or 61 inder section 119 07(3)(i), F.	her certify that when filing 7.0401, F.S., that all fees S. The information indicated	

Daytime Phone #

10/5/96 (604) 299-9321 Date Daylime