

M14000004208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

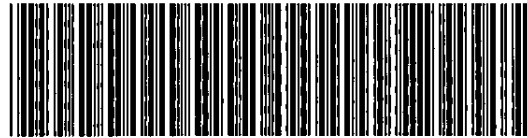
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

JUN 16 2014

T. BROWN



## LICENSING PROFESSIONALS

*Insurance Compliance Service*  
P.O. Box 566, Lynden WA 98264  
Toll Free: (888) 543-5432  
Fax: (360) 933-1991  
Email: [jmatheis@licensingpros.com](mailto:jmatheis@licensingpros.com)

### MEMO

Date: 6/10/2014

Mail to: Florida Secretary of State  
Division of Corporations  
Registration Section  
PO BOX 6327  
Tallahassee FL 32314

From: Jamie Matheis / Licensing Professionals

Subject: Certificate of Authority Application

#### **Woodruff Sawyer Colorado LLC**

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Please find enclosed:

Application for Certificate of Authority

Good Standing

A check in the amount of \$125.00 made payable to;

Florida Secretary of State  
Division of Corporations  
Registration Section  
PO BOX 6327  
Tallahassee FL 32314

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: Woodruff-Sawyer Colorado LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

**Jamie Matheis**

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

**Licensing Professionals**

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

**PO BOX 566**

\_\_\_\_\_  
Address

**Lynden WA 98264**

\_\_\_\_\_  
City/State and Zip Code

**jmatheis@licensingpros.com**

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

For further information concerning this matter, please call:

**Jamie Matheis**

**888**

**543-5432**

at (\_\_\_\_\_) \_\_\_\_\_

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

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

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

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>of Status & Certified Copy |
|---|---|--|---|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Woodruff-Sawyer Colorado, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Colorado

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-5279531

(FEI number, if applicable)

4. Upon Approval

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 600 17th St. Suite 2800 South

Denver CO 80202

(Street Address of Principal Office)

6. 50 California Street, Suite 1200

San Francisco CA 94111

(Mailing Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

See attached

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Richard T. Bohling, Secretary

Typed or printed name of signee

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**

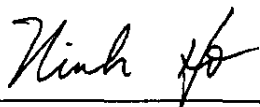
**DATE: 5/21/2014**

**ENTITY NAME: WOODRUFF-SAWYER COLORADO,LLC**

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
236 East 6<sup>th</sup> Avenue  
Tallahassee, FL 32303

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Ninh Ho, Assistant Secretary  
Paracorp Incorporated

Woodruff-Sawyer Colorado LLC  
FEIN 46-5279531  
600 17<sup>th</sup> St Suite 2800 South Denver CO 80202  
Members/Officers List

Gordon Zellers  
600 17<sup>th</sup> St Suite 2800 South Denver CO 80202

DOB 02/06/1967  
Vice President

Christopher Thomas Kakel  
600 17<sup>th</sup> St Suite 2800 South Denver CO 80202

DOB 10/03/1977  
Vice President

Wholly owned by  
Woodruff-Sawyer & Co.  
Member  
FEIN 94-1625126  
50 California Street Suite 1200 San Francisco CA 94111

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**Woodruff-Sawyer Colorado, LLC**

is a **Limited Liability Company** formed or registered on 03/31/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141213673.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/19/2014 that have been posted, and by documents delivered to this office electronically through 05/21/2014 @ 10:23:02.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 05/21/2014 @ 10:23:02 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8855498.



A handwritten signature in black ink, appearing to read 'Scott Gessler', is written over a horizontal line.

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/bi-CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*