

M16000004104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

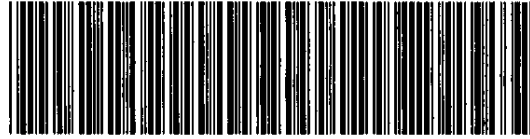
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16 MAY 20 PM 3:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAY 24 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2016

GREG TOLLESON
27285 LAS RAMBLAS SUITE 180
MISSION VIEJO, CA 92691

SUBJECT: CHAPMAN HOUSE, INC.
Ref. Number: W16000032598

We have received your document for CHAPMAN HOUSE, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 016A00009174

**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.**

Chapman House, Inc.

1. _____
(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)
California 33-0868065

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
7-20-1999

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
not started business in Florida account yet

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

- 1412 E. Chapman Ave.
7. _____
(Principal office address)

Orange, CA 92866

(Current mailing address, if different)

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

Viola Treacy

Name:

10748 Shady Pond Lane

Office Address:

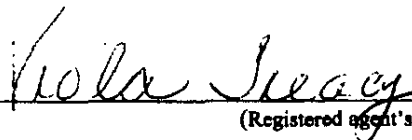
Boca Raton

33428

_____, 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.


(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Timothy Chapman
404 S. Estate Drive
Address: Orange, CA 92869-4816

Vice Chairman: Esther Chapman
404 S. Estate Drive
Address: Orange, CA 92869-4816

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Timothy Chapman
404 S. Estate Drive
Address: Orange, CA 92869-4816

Vice President: Esther Chapman
404 S. Estate Drive
Address: Orange, CA 92869-4816

Secretary: Timothy Chapman
404 S. Estate Drive, Orange CA 92869-4816
Address: _____

Treasurer: Esther Chapman
404 S. Estate Drive, Orange CA 92869-4816
Address: _____

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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.

13. Timothy P. Chapman, President
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CHAPMAN HOUSE, INC.

FILE NUMBER: C2171472
FORMATION DATE: 07/20/1999
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 March 15, 2016.

ALEX PADILLA
Secretary of State