# F0988801743

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



900152689169

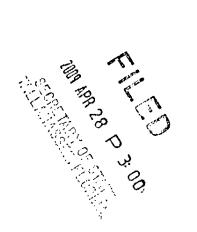
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ZECKLIANY OF STATE

80-88- W

# NATIONAL Corporate Services, LLC

April 23, 2009



Florida Department of State Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

RE: CP Rankin, Inc.

Dear Filing Officer:

Please file the attached Application for Authority for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Tanya Dietrich

Senior Corporate Specialist

Encl.

www.ncservicestx.com

# **COVER LETTER**

				`Oo	A COLOR
TO. M	EU. C:				
	Filing Section ion of Corporations				
Divis	ion of Corporations				γ \ <u>`</u>
SUBJECT:	CP Rankin, Inc.			4.50	بر
	(Name of c	orporation - m	ust include suffix)		20
<b>.</b>				(A)	y 💆
Dear Sir or M	adam:				5
"Certificate of	"Application by Foreign Corporate Existence," and check are submess in Florida.				
Please return	all correspondence concerning th	is matter to the	e following:		
Tanya Dietric	h				
	(	(Name of Perso	on)		
National Corp	oorate Services, LLC				
	(	(Firm/Company	y)		
16055 Space	Center Blvd., Ste. 235				
		(Address)			
Houston, TX	77062				
	(Ci	ty/State and Zi	p code)		
For further inf	formation concerning this matter	, please call:			
Tanya Dietrich	at (	800 , 86	52-5438		
(Nam	ne of Person)	(Area Code &	& Daytime Telepho	one Number)	
STRE	EET/COURIER ADDRESS:		MAILING A	DDRESS:	
			New Filing Se		
	Division of Corporations Division of Corporations				
	n Building		P.O. Box 6327		
	Executive Center Circle nassee, FL 32301		Tallahassee, F	L 32314	
Enclosed is a	check for the following amount:				
<b>7</b> ] \$70.00 Filir	ng Fee \$78.75 Filing Fee Certificate of Sta		75 Filing Fee & ified Copy	\$87.50 Filing Certificate of Certified Co	of Status &

### 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.

1. CP Rankin, Ir	nc.			
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED	," "COMPANY," "CORPORAT	ION,"
(If name unavai	lable in Florida, enter alternate corporate na	ıme	adopted for the purpose of transac	cting business in Florida)
2. Pennsylvania		3.	26-0311486	
(State or country	under the law of which it is incorporated)		(FEI number, if a	pplicable)
4. January 11, 2	008	5.	Perpetual	
(Dat	e of incorporation)	٥.	(Duration: Year corp. will cease	e to exist or "perpetual")
6. Upon filing				
71359 County L		7.1.	n Florida, if prior to registration) 502, F.S., to determine penalty liab	oility)
	(Current mailing	add	lress)	
8. Contracting re	pair and maintenance			
(Purpose(	s) of corporation authorized in home state of	r co	ountry to be carried out in state of	Florida)
9. Name and stre	et address of Florida registered agent: (	(P.C	D. Box NOT acceptable)	
Name:	NRAI Services, Inc.			APR T
Office Address:	2731 Executive Park Dr., Ste 4			28
	Weston		, Florida <u>33331</u>	D
	(City)		(Zip code)	
10. Registered a	gent's acceptance:			00 00

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) Tanya Dietrich, Asst. Secretary

11. 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.

12. Names and business addresses of officers and/or directors;	12 to 1
A. DIRECTORS	
Chairman:	
Address:	
<del></del>	
Vice Chairman:	
Address:	
Director: Craig Rankin	<del></del>
Address: 4359 County Line Road	
Chalfont, PA 18914-1825	
Director:	
Address:	
B. OFFICERS	
President:	
Address: 4359 County Line Road	
Chalfont, PA 18914-1825	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary you may attack an addendum to the application listing	additional officers and/or directors.
13.	
Signature of Director or Officer listed in number 12 of	of the application)
14. Craig Rankin, President	
(Typed or printed name and capacity of person signi	ing application)

## COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

MARCH 13, 2009

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### **CP RANKIN INC**

is duly incorporated under the laws of the Commonwealth of Pennsylvania স্থান remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth