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Florida Department of State  
Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
PACIFIC WEST MANAGEMENT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Pacific West Management, Inc.  
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:

Capitol Services Corporate Filing Team  
Name of Person  
Capitol Services, Inc.  
Firm/Company  
800 Brazos, Suite 400  
Address  
Austin, TX 78701  
City/State and Zip code

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

For further information concerning this matter, please call:

Geneva Sorensen at ( 800 ) 345 - 4647  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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. Pacific West Management, Inc.  
(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. California 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/29/1982 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 15771 Rockfield Blvd., Suite 200 Irvine CA 92618  
(Principal office address) (City) (State) (Zip)

15771 Rockfield Blvd., Suite 200 Irvine CA 92618  
(Current mailing address) (City) (State) (Zip)

8. Any and all lawful acts or activities permitted under the laws of the state of Florida.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Capitol Corporate Services, Inc.

Office Address: 155 Office Plz Dr Ste A  
Tallahassee, Florida 32301  
(City) (Zip code)

10. 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.*

Gayle Windle Gayle Windle, Asst. Sec. on behalf of  
(Registered agent's signature) Capitol Corporate Services, Inc.

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.

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Al Fenstermacher

Address: 15771 Rockfield Blvd., Suite 200

Irvine, CA 92618

Director: Beverly Ferguson

Address: 4100 Midway Road, # 2130

Carrollton, TX 75007

B. OFFICERS

President: Beverly Ferguson

Address: 4100 Midway Road, # 2130

Carrollton TX 75007

(City) (State) (Zip)

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Patrick Sullivan

Address: 4100 Midway Road, # 2130

Carrollton TX 75007

(City) (State) (Zip)

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. Patrick Sullivan, Secretary

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

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**PACIFIC WEST MANAGEMENT**

<b>FILE NUMBER:</b>	<b>C1163375</b>
<b>FORMATION DATE:</b>	<b>11/29/1982</b>
<b>TYPE:</b>	<b>DOMESTIC CORPORATION</b>
<b>JURISDICTION:</b>	<b>CALIFORNIA</b>
<b>STATUS:</b>	<b>ACTIVE (GOOD STANDING)</b>

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I, DEBRA BOWEN, 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 August 19, 2010.

*Debra Bowen*

**DEBRA BOWEN  
Secretary of State**