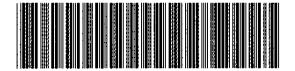
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P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/31/13

NAME:

BLUETT & ASSOCIATES, INC

TYPE OF FILING: APPLICATION

COST:

78.75

RETURN:

CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Bluett & Associate	Inc.				
Name of corporation - must include suffix					
Dear Sir or Madanı:					
The enclosed "Application by Foreign Corpora "Certificate of Existence," or "Certificate of Gabove referenced foreign corporation to transa	d Standing" and check are submi	Business in Florida," tted to register the			
Please return all correspondence concerning th	matter to the following:				
Suzanne A. Mulvihill		_			
	ne of Person				
CVM Law Group, LLP	· · · · · · · · · · · · · · · · · · ·				
_	n/Company				
8795 Folsom Blvd., Suite 2					
Sacramento, CA 95826	Address				
City	tate and Zip code				
sharty@cvmlaw.com					
E-mail address: (to	used for future annual report noti	fication)			
For further information concerning this matter,	ease call:				
Stacy Harty	6 381-6171				
Name of Person	6 381-6171 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		on Orations			
Enclosed is a check for the following amount:					
□ \$70.00 Filing Fee □ \$78.75 Filing Fee Certificate of Sta		\$87.50 Filing Fee, Certificate 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.

,Bluett&/	Associates, Inc.				
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	-		
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)			
_{2.} California	3.		<u>.</u> .		•
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	F=1/2	겂	
4. October	15, 2008	perpetual		,	
	of incorporation)	(Duration: Year corp., will cease to exist or "perpetual")	=	AN	7
6				ω	F
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
, 3604 Fair	Oaks Blvd., Suite 180, Sa			io e	V
/·	(Principa) office add		~~; ~	_	
3604 Fair	Oaks Blvd., Suite 180, Sac	ramento, CA 95864	\sim)	
·	(Current mailing add	iress)	-		
。 Real Es	tate Services				
·,) of corporation authorized in home state or co	ountry to be carried out in state of Florida)			
9. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)			
Name:	Sam Pinson	, .			
Office Address:	3300 N. University Dr., St	 te 3			
Office Address.	Coral Springs	, Florida 33065			
•	(City)	(Zip code)			
10 Registered of	gent's acceptance:				
		vice of process for the above stated corporation at the	place		
		and the contract of the contra			

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)

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:	
A. DIRECTORS	Stene) Jalias
Chairman: Lori Bluett	Mast I fast in
Address: 3604 Fair Oaks Blvd., Suite 180, Sacramento, CA 95864	
Vice Chairman: n/a	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Lori Bluett	
Address: 3604 Fair Oaks Blvd., Suite 180, Sacramento, CA 95864	
Addicas	
Vice President: n/a	
Address:	
	, ,
Secretary: Lori Bluett	
Address: 3604 Fair Oaks Blvd., Suite 180, Sacramento, CA 95864	*************************************
Treasurer: Lori Bluett	
Address: 3604 Fair Oaks Blvd., Suite 180, Sacramento, CA 95864	
NOTE / If hecessing you may attack an addendum to the application listing additional officers and/or di	raatous
13.	rectors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 above) affirms that the fact are true and that he or she is aware that false information submitted in a document to the Department of S a third degree felony as provided for in s.817.155, F.S.	s stated herein State constitutes
Lori Bluett, President	

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

State of California

Secretary of State

FILED

13 JAN 31 AM 8: 12

SEPTIMENT CESTATE

CERTIFICATE OF STATUS

ENTITY NAME:

BLUETT & ASSOCIATES, INC.

. FILE NUMBER:

C3165150

FORMATION DATE:

10/15/2008

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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 January 04, 2013.

ノ DEBRA BOWEN

Secretary of State