

F 13000002276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

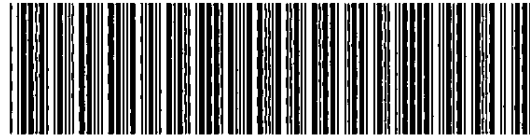
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

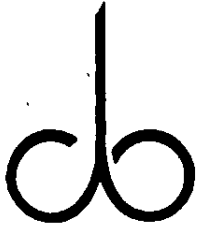


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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 21 09 1:49

Ps 5/24/13



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

BILL WOODYARD
President

May 20, 2013

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

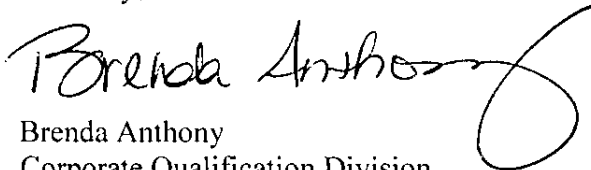
Dear Sir/Madam:

Enclosed please find the necessary documents to qualify the **Patra Corporation** for the authority to conduct business in your state.

I trust this letter and the enclosed documents/fees place them in compliance with your state statutes. If any further action is required, please do not hesitate to contact me.

Thank you for your consideration in this filing.

Sincerely,


Brenda Anthony
Corporate Qualification Division

/bsa

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Patra Corporation

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:

Brenda Anthony

Name of Person

Central Licensing Bureau

Firm/Company

1501 N University, Suite 550

Address

Little Rock, AR 72207

City/State and Zip code

diane@patracorp.com

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

For further information concerning this matter, please call:

Brenda Anthony

at (501) 664-8044

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

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. Patra Corporation
(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)

2. Delaware 3. 20-2282001
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/03/2005 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. 27 Commercial Boulevard, Suite P, Novato, CA 94949
(Principal office address)

27 Commercial Boulevard, Suite P, Novato, CA 94949
(Current mailing address)

8. The business of insurance functioning as a non-resident insurance agency.
(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: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

NRAI Services, Inc.

By: Janet Lybrand
(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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 2004 1:49

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

A. DIRECTORS

Chairman: Michael Heffeman
Address: 27 Commercial Boulevard, Suite P
Novato, CA 94949

Director: John D. Easterlin
Address: 27 Commercial Boulevard, Suite P
Novato, CA 94949

Director: John S. Simpson
Address: 27 Commercial Boulevard, Suite P
Novato, CA 94949

Director: Greg S. Chapman
Address: 27 Commercial Boulevard, Suite P
Novato, CA 94949

B. OFFICERS

Co - President: John D. Easterlin
Address: 27 Commercial Boulevard, Suite P
Novato, CA 94949

Co - President: John S. Simpson
Address: 27 Commercial Boulevard, Suite P
Novato, CA 94949

Secretary: John D. Easterlin
Address: 27 Commercial Boulevard, Suite P, Novato, CA 94949

Treasurer: John S. Simpson
Address: 27 Commercial Boulevard, Suite P, Novato, CA 94949

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DIVISION OF CORPORATIONS
12 MAY 2004 11:50

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

13. John D. Easterlin
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. John D. Easterlin, Co-CEO/Secty/Director
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATRA CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF MAY, A.D. 2013.

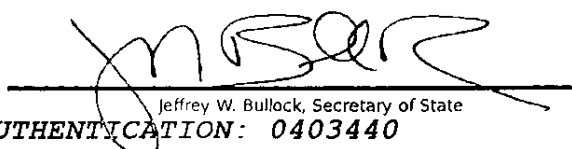
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PATRA CORPORATION" WAS INCORPORATED ON THE THIRD DAY OF FEBRUARY, A.D. 2005.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 20 09 1:50

3918432 8300

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0403440

DATE: 05-02-13