

F14000000344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

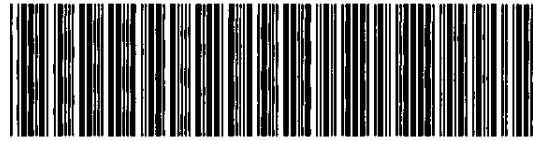
(Document Number)

Certified Copies _____

Certificates of Status _____

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MyCorporation®

23586 Calabasas Rd. Suite 102
Calabasas, CA 91302

Toll-Free: 888-692-6778 | Fax: 818-879-8005
Email: customerservice@mycorporation.com

EXPEDITED SERVICE FILING REQUEST

January 15, 2014

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

Re: Foreign Authority Filing – Managed Appraisal Service Inc.

Ladies and Gentlemen:

Please find enclosed for filing an application for foreign authority, and any required supplemental documentation, for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation
23586 Calabasas Rd. Suite 102
Calabasas, CA 91302
ATTN: Post Formation Filings

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Managed Appraisal Service 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:

My Corporation Business Services, Inc

Name of Person

Firm/Company

23586 Calabasas Road, Suite 102

Address

Calabasas, CA 91302

City/State and Zip code

processing@mycorporation.com

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

For further information concerning this matter, please call:

Processing Department at (877) 692-6772

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. Managed Appraisal Service Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ine," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

4. 6/2/2009 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 2 Village Rd. Ste 11 Horsham, PA 19044
(Principal office address)

2 Village Rd. Ste 11 Horsham, PA 19044
(Current mailing address)

8. Real Estate Appraisal Management
(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)

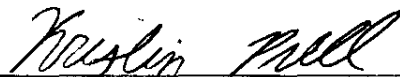
Name: Legalinc Corporate Services Inc.

Office Address: 2846 NW 79th Avenue

Doral, Florida 33122
(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.



(Registered agent's signature) Kristin Prell, Manager

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

Chairman: James D Gazonas

Address: 2 Village Rd. Ste 11 Horsham, PA 19044

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: James D Gazonas

Address: 2 Village Rd. Ste 11 Horsham, PA 19044

Vice President: _____

Address: _____

Secretary: James D Gazonas

Address: 2 Village Rd. Ste 11 Horsham, PA 19044

Treasurer: James D Gazonas

Address: 2 Village Rd. Ste 11 Horsham, PA 19044

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

13. James D Gazonas, President & Director
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. James D Gazonas, President

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

JANUARY 15, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Managed Appraisal Service Inc.

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

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



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.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth