

Legal Document Samples

2744000

State of California
Secretary of State

CERTIFICATE OF QUALIFICATION

L BRUCE McPHERSON, Secretary of State of the State of California, hereby certify that on the 28th day of March, 2005, _____ CORP, a corporation organized and existing under the laws of Delaware, complied with the requirements of California law in effect on that date for the purpose of qualifying to transact interstate business in the State of California, and that as of said date said corporation became and now is qualified and authorized to transact interstate business in the State of California, subject however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 28, 2005.

L Bruce McPherson
Secretary of State

Certificate of Qualification

LP-1 File # _____

State of California
Secretary of State

CERTIFICATE OF LIMITED PARTNERSHIP

A \$70.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form. This Space For Filing Use Only

ENTRY NAME (See the name with the words "Limited Partnership" or the abbreviations "LP" or "L.P.")

1. NAME OF LIMITED PARTNERSHIP

INITIAL DESIGNATED OFFICE ADDRESS (Do not abbreviate the name of the city)

1. ADDRESS OF INITIAL DESIGNATED OFFICE IN CALIFORNIA CITY STATE ZIP CODE
CA

INITIAL AGENT FOR SERVICE OF PROCESS (If the initial agent is an individual, the agent must reside in California and both items 1 and 4 must be completed. If the initial agent is a corporation, the agent must file with the California Secretary of State a certificate pursuant to Corporations Code section 1502 and Item 4 must be completed (see Item 4 below).

1. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS
2. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
3. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT FROM ITEM 1 CITY STATE ZIP CODE

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CA CITY STATE ZIP CODE
CA

GENERAL PARTNERS (Enter the names and addresses of all the general partners. Attach additional pages, if necessary.)

1. NAME ADDRESS CITY STATE ZIP CODE
2. NAME ADDRESS CITY STATE ZIP CODE

ADDITIONAL INFORMATION

1. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

2. EXECUTION (This document must be signed by all of the general partners. Additional signature space is necessary. The signatures may be made on an attachment to this certificate.)

3. I DECLARE AND THE PERSON WHO EXECUTED THIS INSTRUMENT, WHOM EXECUTION IS BY ACT AND DEED:

DATE _____

SIGNATURE OF GENERAL PARTNER _____ TYPE OR PRINT NAME OF GENERAL PARTNER _____

SIGNATURE OF GENERAL PARTNER _____ TYPE OR PRINT NAME OF GENERAL PARTNER _____

LP-1 REV 1/2005 APPROVED BY SECRETARY OF STATE

Certificate of Limited Partnership

S

State of California
Secretary of State
(Domestic Stock Corporation)

STATEMENT OF INFORMATION (Domestic Stock)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.
IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not abbreviate.)

DATE DATE: _____

CALIFORNIA CORPORATE DISCLOSURE ACT (CORPORATE GOVERNANCE)
A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form 91-PF) annually, within 150 days after the end of its fiscal year. Publicly traded corporations are also required to file an annual **Integrated Proxy Statement** with the Secretary of State.

COMPLETE ADDRESSES FOR THE FOLLOWING: (Do not abbreviate the name of the city. Items 4 and 5 cannot be in P.O. Boxes.)

1. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
2. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
3. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT FROM ITEM 1 CITY STATE ZIP CODE

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS: (The corporation must have these three officers. A complete list of all officers and directors must be attached to this document as an exhibit.)

1. CHIEF EXECUTIVE OFFICER: NAME ADDRESS CITY AND STATE ZIP CODE
2. CHIEF FINANCIAL OFFICER: NAME ADDRESS CITY AND STATE ZIP CODE
3. SECRETARY: NAME ADDRESS CITY AND STATE ZIP CODE

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS: (The corporation must have at least three directors. Attach additional pages, if necessary.)

1. NAME ADDRESS CITY AND STATE ZIP CODE
2. NAME ADDRESS CITY AND STATE ZIP CODE
3. NAME ADDRESS CITY AND STATE ZIP CODE

AGENT FOR SERVICE OF PROCESS: (If the agent is an individual, the agent must reside in California and Item 4 must be completed with a California address. If the agent is a corporation, the agent must file with the California Secretary of State a certificate pursuant to Corporations Code section 1502 and Item 4 must be completed (see Item 4 below).)

1. NAME OF AGENT FOR SERVICE OF PROCESS
2. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
3. MAILING ADDRESS OF THE CORPORATION, IF AN INDIVIDUAL CITY STATE ZIP CODE

TYPE OF BUSINESS:
1. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

2. BY EXECUTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT, AND THAT THE INFORMATION IS TRUE AND CORRECT.

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON: _____ DATE: _____

LP-1 REV 1/2005 APPROVED BY SECRETARY OF STATE

Statement of Information (Domestic Stock)

L

State of California
Secretary of State

STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$25.00. If amendment, see instructions.
IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not abbreviate.)

DATE DATE: _____

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

1. SECRETARY OF STATE FILE NUMBER
2. STATE OR PLACE OF ORGANIZATION

NO CHANGE STATEMENT
 If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check this box and proceed to Item 12.

COMPLETE ADDRESSES FOR THE FOLLOWING: (Do not abbreviate the name of the city. Items 4 and 5 cannot be in P.O. Boxes.)

1. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
2. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
3. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT FROM ITEM 1 CITY STATE ZIP CODE

NAMES AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY:

1. NAME ADDRESS CITY AND STATE ZIP CODE
2. NAME ADDRESS CITY AND STATE ZIP CODE

NAMES AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary):

1. NAME ADDRESS CITY AND STATE ZIP CODE
2. NAME ADDRESS CITY AND STATE ZIP CODE
3. NAME ADDRESS CITY AND STATE ZIP CODE

AGENT FOR SERVICE OF PROCESS: (If the agent is an individual, the agent must reside in California and Item 4 must be completed with a California address. If the agent is a corporation, the agent must file with the California Secretary of State a certificate pursuant to Corporations Code section 1502 and Item 4 must be completed (see Item 4 below).)

1. NAME OF AGENT FOR SERVICE OF PROCESS
2. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
3. MAILING ADDRESS OF THE CORPORATION, IF AN INDIVIDUAL CITY STATE ZIP CODE

TYPE OF BUSINESS:
1. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

2. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON: _____ DATE: _____

LLC-1 REV 1/2005 APPROVED BY SECRETARY OF STATE

Statement of Information (LLC)

State of California
Secretary of State

STATEMENT OF INFORMATION (Foreign Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.
IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not abbreviate.)

DATE DATE: _____

NO CHANGE STATEMENT (Not applicable if agent address of record is in P.O. Box. See instructions.)
 If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check this box and proceed to Item 12.

COMPLETE ADDRESSES FOR THE FOLLOWING: (Do not abbreviate the name of the city. Items 4 and 5 cannot be in P.O. Boxes.)

1. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY STATE ZIP CODE
2. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
3. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT FROM ITEM 1 CITY STATE ZIP CODE

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS: (The corporation must have three officers. A complete list of all officers and directors must be attached to this document as an exhibit.)

1. CHIEF EXECUTIVE OFFICER: NAME ADDRESS CITY AND STATE ZIP CODE
2. CHIEF FINANCIAL OFFICER: NAME ADDRESS CITY AND STATE ZIP CODE
3. SECRETARY: NAME ADDRESS CITY AND STATE ZIP CODE

AGENT FOR SERVICE OF PROCESS: (If the agent is an individual, the agent must reside in California and Item 4 must be completed with a California address. If the agent is a corporation, the agent must file with the California Secretary of State a certificate pursuant to Corporations Code section 1502 and Item 4 must be completed (see Item 4 below).)

1. NAME OF AGENT FOR SERVICE OF PROCESS
2. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
3. MAILING ADDRESS OF THE CORPORATION, IF AN INDIVIDUAL CITY STATE ZIP CODE

TYPE OF BUSINESS:
1. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

2. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON: _____ DATE: _____

STATEMENT OF INFORMATION (Foreign Corporation) APPROVED BY SECRETARY OF STATE

Statement of Information (Foreign Corp)

GP-1 File # _____ Document # _____

State of California
Secretary of State

STATEMENT OF PARTNERSHIP AUTHORITY

A \$70.00 filing fee must accompany this form.
IMPORTANT - Read instructions before completing this form. This Space For Filing Use Only

PARTNERSHIP NAME

1. NAME OF PARTNERSHIP

OFFICE ADDRESSES (Do not abbreviate the city. Items 2 and 3 cannot be in P.O. Boxes.)

1. STREET ADDRESS OF CALIFORNIA OFFICE, IF ANY CITY STATE ZIP CODE
2. STREET ADDRESS OF CHIEF EXECUTIVE OFFICE CITY AND STATE ZIP CODE

NAMES & ADDRESSES OF PARTNERS: (Complete Item 4 with the names and mailing addresses of all the partners. Attach additional pages if necessary. Attach additional pages if necessary. Any attachments to this document are incorporated herein by this reference.)

1. NAME ADDRESS CITY AND STATE ZIP CODE
2. NAME ADDRESS CITY AND STATE ZIP CODE
3. NAME ADDRESS CITY AND STATE ZIP CODE

APPOINTED AGENT: (If Item 4 was not completed, complete Item 4 with the name and mailing address of an agent appointed and authorized by the partners who will register a file of the name and mailing address of all the partners. If Item 4 was completed, none Item 4 and proceed to Item 5.)

1. NAME ADDRESS CITY AND STATE ZIP CODE

AUTHORIZED PARTNERS: (Enter the names of all the partners authorized to execute instruments (including trust instruments) held in the name of the partnership. Attach additional pages if necessary. Any attachments to this document are incorporated herein by this reference.)

1. PARTNER NAME PARTNER NAME
2. PARTNER NAME PARTNER NAME
3. PARTNER NAME PARTNER NAME

ADDITIONAL INFORMATION

1. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS DOCUMENT.

2. EXECUTION (This document must be signed by all of the general partners. Additional signature space is necessary. The signatures may be made on an attachment to this document. Any attachments to this document are incorporated herein by this reference.)

3. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.

SIGNATURE OF PARTNER _____ DATE _____ TYPE OR PRINT NAME OF PARTNER _____

SIGNATURE OF PARTNER _____ DATE _____ TYPE OR PRINT NAME OF PARTNER _____

GP-1 REV 1/2005 APPROVED BY SECRETARY OF STATE

Statement of Partnership Authority

LP-1 File # _____

State of California
Secretary of State

FOREIGN LIMITED PARTNERSHIP APPLICATION FOR REGISTRATION

A \$70.00 filing fee AND a certificate of good standing by an authorized public official of the jurisdiction of formation must accompany this form.
IMPORTANT - Read instructions before completing this form. This Space For Filing Use Only

ENTRY NAME (See instructions for name requirements in the State of California.)

1. ALTERNATE NAME (If the name of Item 1 does not comply with the requirements of California Corporations Code section 1502.05, see instructions.)

OFFICE ADDRESSES (Please do not abbreviate the name of the city)

1. ADDRESS OF PRINCIPAL OFFICE CITY STATE ZIP CODE
2. ADDRESS OF OFFICE REGISTERED IN THE JURISDICTION OF FORMATION, IF ANY CITY STATE ZIP CODE

DATE AND PLACE OF ORGANIZATION

1. THE FOREIGN LIMITED PARTNERSHIP WAS FORMED ON _____ UNDER THE LAWS OF _____

INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA: (If the initial agent is an individual, the agent must reside in California and both items 1 and 4 must be completed. If the initial agent is a corporation, the agent must file with the California Secretary of State a certificate pursuant to Corporations Code section 1502 and Item 4 must be completed (see Item 4 below).)

1. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS
2. STREET ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CA CITY STATE ZIP CODE
3. MAILING ADDRESS OF THE CORPORATION, IF AN INDIVIDUAL CITY STATE ZIP CODE

GENERAL PARTNERS: (Enter the names and addresses of all the general partners. Attach additional pages, if necessary. Attachments, if any, are incorporated herein by this reference and made part of this document.)

1. NAME ADDRESS CITY STATE ZIP CODE
2. NAME ADDRESS CITY STATE ZIP CODE

FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP

1. IF THIS IS THE REGISTERED PARTNERSHIP OF A FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP.

EXECUTION (This document must be signed by at least one general partner of the foreign limited partnership. If additional signature space is necessary, the signatures may be made on an attachment to this document.)

3. I DECLARE AND THE PERSON WHO EXECUTED THIS INSTRUMENT, WHOM EXECUTION IS BY ACT AND DEED:

DATE _____

SIGNATURE OF GENERAL PARTNER _____

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON: _____ DATE: _____

LLP-1 REV 1/2005 APPROVED BY SECRETARY OF STATE

Foreign LP Application for Registration

File # _____

State of California
Secretary of State

REGISTERED LIMITED LIABILITY PARTNERSHIP REGISTRATION

A \$70.00 filing fee must accompany this form.
IMPORTANT - Read instructions before completing this form.

1. Name of the registered limited liability partnership or foreign limited liability partnership (This name will be the words "Registered Limited Liability Partnership" or "Limited Liability Partnership" or one of the abbreviations "LLP," "L.L.P.," "RLLP," or "R.L.L.P.")

2. Domestic (California) OR Foreign (not in California) 3. Jurisdiction _____

4. Address of the principal office: City _____ State _____ Zip Code _____

5. Name the agent for service of process in this state and check the appropriate provision below: _____ WHICH IS
 an individual residing in California. Proceed to Item 6.
 a corporation which has filed a certificate pursuant to California Corporations Code Section 1505. Proceed to Item 7.

6. If an individual, California address of the agent for service of process:
Address _____ State _____ City _____ Zip Code _____
Indicate the business in which the limited liability partnership shall engage: (check one)
 Practice of Architecture Practice of Public Accountancy
 Practice of Law Real Estate

7. Public Effective Date: Any _____ Month _____ Day _____ Year _____

8. Indicate whether the limited liability partnership is complying with the alternative security provisions (California Corporations Code 16000(c)):
 Yes. Attach Administrative Security Provision (LLP-3). No

9. Other matters to be included in this registration may be set forth on separate attached pages and are made a part of this registration. Total number of pages attached, if any: _____

11. Declaration: By filing this Registered Limited Liability Partnership (LLP-1) with the Secretary of State, the partnership named above is registering as a domestic registered limited liability partnership or foreign limited liability partnership. (DO NOT ALTER THIS STATEMENT) Further, I declare that I am the person who executed this instrument, whose execution is my act and deed.

12. RETURNS TO: _____ TYPE OR PRINT NAME OF AUTHORIZED PARTNER _____ DATE _____

NAME _____
ADDRESS _____
CITY/STATE _____
ZIP CODE _____

REG-1 REV 1/2005 FORM LP-1 - FILING FEE \$70 APPROVED BY SECRETARY OF STATE

Registered LLP Registration

LLC-1 File # _____

State of California
Secretary of State

LIMITED LIABILITY COMPANY APPLICATION FOR REGISTRATION

A \$70.00 filing fee AND a certificate of good standing from an authorized public official of the jurisdiction of formation must accompany this form.
IMPORTANT - Read instructions before completing this form. This Space For Filing Use Only

ENTRY NAME (See the name with the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C." The "Limited" and "Company" may be abbreviated to "LL" and "Co." respectively.)

1. NAME UNDER WHICH THE FOREIGN LIMITED LIABILITY COMPANY PROPOSES TO REGISTER AND TRANSACT BUSINESS IN CALIFORNIA

2. NAME OF THE FOREIGN LIMITED LIABILITY COMPANY, IF DIFFERENT FROM THAT ENTERED IN ITEM 1 ABOVE

DATE AND PLACE OF ORGANIZATION

1. THE FOREIGN LIMITED LIABILITY COMPANY WAS FORMED ON _____ MONTH _____ DAY _____ YEAR _____ IN _____ (STATE OR COUNTRY) AND IS AUTHORIZED TO EXERCISE ITS POWERS AND PRIVILEGES IN THAT STATE OR COUNTRY.

AGENT FOR SERVICE OF PROCESS: (If the agent is an individual, the agent must reside in California and both items 1 and 4 must be completed. If the agent is a corporation, the agent must file with the California Secretary of State a certificate pursuant to Corporations Code section 1502 and Item 4 must be completed (see Item 4 below).)

1. NAME OF AGENT FOR SERVICE OF PROCESS
2. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
3. MAILING ADDRESS OF THE CORPORATION, IF AN INDIVIDUAL CITY STATE ZIP CODE

APPOINTMENT: (This filing constitutes a request to appoint and should be attached.)

1. IN THE EVENT THIS AGENT FOR SERVICE OF PROCESS RESIDES AND IS NOT REPLACED, OR IF THE AGENT CANNOT BE FOUND OR SERVED BY THE OFFICE OF ADMINISTRATIVE CLERK, THE REGISTRATION OF THIS FOREIGN LIMITED LIABILITY COMPANY IS HEREBY AUTHORIZED AS THE AGENT FOR SERVICE OF PROCESS OF THIS FOREIGN LIMITED LIABILITY COMPANY.

OFFICE ADDRESSES: (Do not abbreviate the name of the city.)

1. ADDRESS OF THE PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
2. ADDRESS OF THE PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
CA

EXECUTION

3. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHOM EXECUTION IS BY ACT AND DEED.

DATE _____ SIGNATURE OF AUTHORIZED PERSON _____

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON: _____ DATE: _____

LLC-1 REV 1/2005 APPROVED BY SECRETARY OF STATE

LLC Application for Registration