

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ALMONT ASSOCIATES, 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," 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:

THOMAS G. WEBER
(Name of Person)

ALMONT ASSOCIATES INC.
(Firm/Company)

6092 SABAL HAMMOCK CIR.
(Address)

PORT ORANGE, FL 32128
(City/State and Zip code)

For further information concerning this matter, please call:

THOMAS G. WEBER at (386) 341 0596
(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. ALMONT ASSOCIATES, INC.
(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. COLORADO 3. 84-1211448
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/08/1992 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. 101 COUNTY ROAD 742, ALMONT, CO 81210
(Principal office address)

6092 SABAL HAMMOCK CIR. PORT ORANGE, FL 32128
(Current mailing address)

8. EMERGENCY SERVICES CONSULTING ASSISTANCE
(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: THOMAS G. WEBER

Office Address: 6092 SABAL HAMMOCK CIR
PORT ORANGE, Florida 32128
(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.

Thomas G. Weber
(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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2009 MAY 29 P 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JIM SPARR

Address: 161 COUNTY ROAD 742
ALMONT, CO 81210

Vice President: THOMAS G. WEBER

Address: 6092 SABAL HAMMOCK CIRCLE
PORT ORANGE, FL 32128

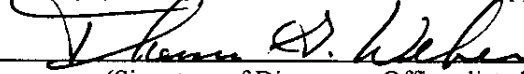
Secretary: Kelli Rawkins

Address: 161 COUNTY ROAD 742 ALMONT, CO 81210

Treasurer: N/A

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. THOMAS G WEBER, Vice President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

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2008 MAY 29 P 1:03

CERTIFICATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

ALMONT ASSOCIATES, INC.

is a
Corporation

formed or registered on 09/08/1992 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19921087819 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/19/2008 that have been posted, and by documents delivered to this office electronically through 05/24/2008 @ 13:30:00 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 05/24/2008 @ 13:30:00 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7093958 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site. <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site. <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."