

F11000003942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

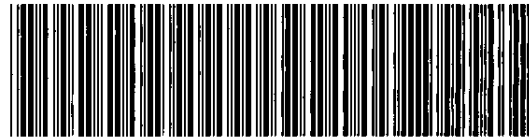
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11 SEP 30 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
10/3

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Consolidated Analytics, 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:

Brent Barlow

Name of Person

Consolidated Analytics, Inc

Firm/Company

19712 MacArthur Boulevard, Suite 120

Address

Irvine, CA 92612

City/State and Zip code

bdbarlow@consolidatedanalytics.com

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

For further information concerning this matter, please call:

Brent Barlow

Name of Person

at ( 949 ) 988-9600

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



RECEIVED

11 SEP 30 AM 11:21

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS  
Division of Corporations

September 21, 2011

BRENT BARLOW  
CONSOLIDATED ANALYTICS, INC.  
19712 MACARTHUR BOULEVARD, SUITE 120  
IRVINE, CA 92612

SUBJECT: CONSOLIDATED ANALYTICS, INC.  
Ref. Number: W11000048801

We have received your document for CONSOLIDATED ANALYTICS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The FEI number is nine digits. You only have eight digits in number three of your form. In number four of your form the date on incorporation listed must match the date on the certificate of status from your state. Please make the necessary corrections and return for filing.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 911A00021850

**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. Consolidated Analytics, 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. California

(State or country under the law of which it is incorporated)

3. 80-032447

(FEI number, if applicable)

4. 12/31/2008 12/30/2008

(Date of incorporation)

5. Perpetual

(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. 19712 MacArthur Boulevard, Suite 120, Irvine, CA 92612

(Principal office address)

Same as above

(Current mailing address)

8. Any lawful business.

(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: Phil Biber

Office Address: 3404 Robbins Road

Pompano Beach

(City)

, Florida 33062

(Zip code)

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TALLAHASSEE, FLORIDA

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)

8/23/11

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: Brian Gehl

Address: 19712 MacArthur Boulevard, Suite 120  
Irvine, CA 92612

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. B. Gehl

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. Brian Gehl, Director

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

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**FILED**  
11 SEP 30 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ENTITY NAME:**

CONSOLIDATED ANALYTICS, INC.

FILE NUMBER: C3182221  
FORMATION DATE: 12/30/2008  
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 August 24, 2011.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State