F1400001633

| (Re | questor's Name) | |
|-------------------------|-------------------------------------|-------------|
| (| | |
| (Ad | ldress) | |
| | | |
| (Ad | ldress) | |
| | | <u></u> |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (5) | | |
| (Bu | isiness Entity Nam | ie) |
| (Do | ocument Number) | |
| (| · · · · · · · · · · · · · · · · · · | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |





300257786453

03/17/14--01044--024 **87.50

14 APR -7 AH 7: 32
SEGNETA CONSTATE
TAIL AHASSEE FLORIDA

WA-176A3

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: EVENT LOGISTICA SOLUTIONS |
| 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: |
| POBIN MYERS Name of Person |
| |
| EVENT LOGISTICS SOLUTIONS |
| 1 ma Company |
| 6890 W 52nd Ave ste 200 |
| Avvada, Co 8000 Z. City/State and Zip code |
| City/State and Zip code |
| ROBIN @ SHIPELS . COM E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| 120BART PARKER 407 500-2037 |
| POBERT PARKER at (407) 580 - 7837 Name of Person Area Code & Daytime Telephone Number |
| STEVE MYERS 303-541-1551 Or 720,413,274 |
| STREET/COURIER ADDRESS: MAILING ADDRESS: |
| New Filing Section Division of Corporations New Filing Section Division of Corporations |
| Clifton Building P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: |
| □ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy S70.00 Filing Fee & Certified Copy Certified Copy |



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2014

ROBIN MYERS 6890 W 52ND AVE SUITE 200 ARVADA, CO 80002

SUBJECT: EVENT LOGISTIC SOLUTIONS "S" CORP

Ref. Number: W14000017643

We have received your document for EVENT LOGISTIC SOLUTIONS "S" CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

14 APR -7 PH 12: 5

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

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

Event Logistic Solutions

is a **Corporation** formed or registered on 09/26/2006 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 20061391968.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/31/2014 that have been posted, and by documents delivered to this office electronically through 04/01/2014 @ 13:29:24.

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 04/01/2014 @ 13:29:24 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8810253.



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/bi-/Certificate-SearchCriteria.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."

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| | | 503, FLORIDA STATUT TO TRANSACT BUSINA | | | ED TO JUL |
|--|--|---|-------------------------------------|---|--------------------|
| 1. EVENT | LOGISTIC. | Soulutions | ś . (| CORP | 011 411 |
| | rporation; must include "I rp," "Inc," "Co," or "Corp | NCORPORATED," "CON .") | IPANY," "CORP | ORATION," | V |
| (If name unavailal | ole in Florida, enter alterna | nte corporate name adopted | for the purpose of | transacting business in | Florida) |
| 2. CO10 | rado | 3 | 20-5 | 505398 | |
| (State or country u | nder the law of which it is | incorporated) | (FEI numb | per, if applicable) | |
| 4. <u>Aug</u> | 2006 | 5 | Porpot | ual | |
| (Date o | of incorporation) | (Durat | ion: Year corp. w | ill cease to exist or per | petual") |
| s. <u>All</u> | | <u>& J </u> | | | ce only |
| 7. U890 | W 5209 | Ave ste 2 | 00 A | rvada, co | 80007 |
| 4890 | W 52nd | Principal office address) Are ste Current mailing address) | 200 A | wada Eu | = 80007 |
| 3. Purpose(s) | 5h+ Forw of corporation authorized | arder — in home state or country to | Salts be carried out in s | official European | -7 AM 7: |
| Name and street | address of Florida regis | stered agent: (P.O. Box | NOT acceptable | | 32 |
| Name: | - POBERT | PARKER | , , | | |
| Office Address: | 270 Was | mont Cou | vt ste | 110 | |
| | Lake May | y)) , | Florida 32 (Zip co | | |
| designated in this of further agree to co | d as registered agent a application, I hereby ac mply with the provision | nd to accept service of p cept the appointment as is of all statutes relative the obligations of my po | registered agen to the proper an | t and agree to act in ad complete performa | this capacity. |
| | | | 7 | N. | |

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. DIREC | | |
| Chairman: _ | Partner Steve Myers | |
| Address: | 17472 W 83rd Pl | ······································ |
| *************************************** | Evvada. CD 80007 | |
| Vice Chairma | Tan: Partner POBERT PARKER | |
| | 687 Charrice Pl | |
| | Sanford, FL 32771 | |
| | / / | ************************************** |
| | | . |
| Address: | | |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Director: | | |
| Address: | | |
| | | |
| B. OFFICE | ERS | |
| President: | <u> </u> | * |
| Address: | | 3 |
| | d. | zö 11 |
| Vice Presiden | ent: | |
| Address: | デ o. の ラカン | 7 |
| | Ş⊓. | 32 |
| Secretary | | |
| | | |
| | | |
| | | |
| Address: | | |
| | necessary, you may attach an addendum to the application listing additional officers and/or dir | ectors. |
| 13 | Signature of Director or Officer | |
| The officer of | or director signing this document (and who is listed in number 12 above) affirms that the facts I that he or she is aware that false information submitted in a document to the Department of S | stated herein |
| | ree felony as provided for in s.817.155, F.S. | tate constitutes |
| 14. | Typed or printed name and capacity of person signing application) | |
| Ĺ | (Typed or printed name and capacity of person signing application) | |