

F15000002808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

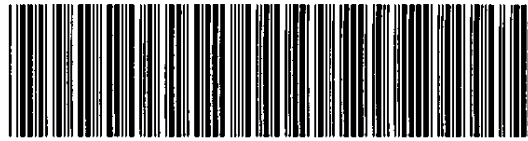
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 26 2015

J. HARRIS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Seizure 360, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Craig Reynolds

Name of Person

Seizure 360 Inc.

Firm/Company

2514 Custer Dr

Address

Loveland CO 80538

City/State and Zip Code

creynolds@seizure360.org

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

For further information concerning this matter, please call:

Craig Reynolds

Name of Person

at (970) 646-5486

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Conv ☐ \$87.50 Filing Fee, Certificate of Status &

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. **Seizure 360, Inc.**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. **Colorado**

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

3. **47-2353815**

(FEI number, if applicable)

4. **11/18/2014**

(Date of Incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **NA**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. **2514 Custer Dr., Loveland CO 80538**

(Principal office address)

2514 Custer Dr., Loveland CO 80538

(Current mailing address)

8. **Soliciting donations to further the mission of Seizure 360, Inc.**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: **REGISTERED AGENTS INC.**

Office Address: **3030 N. Rocky Point Dr, STE 150A**

Tampa

(City)

, Florida **33607**

(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.



Bill Havre/Assistant Secretary

(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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Craig T. Reynolds

Address: 2514 Custer Dr.
Loveland CO 80538

Vice Chairman: _____

Address: _____

Director: Jack Borrett

Address: 1245 E. Lincoln Ave. #423
Ft. Collins, CO 80524

Director: Michelle Stalker

Address: 1927 Virgo Circle
Loveland CO 80537

B. OFFICERS

President: Craig T. Reynolds

Address: 2514 Custer Dr.
Loveland Co 80538

Vice President: _____

Address: _____

Secretary: Shirley Reynolds

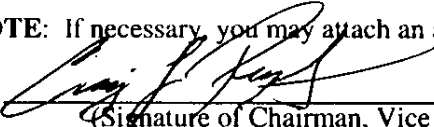
Address: 2514 Custer Dr., Loveland CO 80538

Treasurer: Renea Herberger

Address: 650 E. 29th St., Loveland CO 80538

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Craig T. Reynolds Chairman/President/CEO
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Seizure 360, Inc.

is a **Nonprofit Corporation** formed or registered on 11/18/2014 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 20141699564.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/18/2015 that have been posted, and by documents delivered to this office electronically through 06/19/2015 @ 10:48:55.

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 06/19/2015 @ 10:48:55 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9223310.



A handwritten signature in cursive script, reading "Wayne W. Williams".

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."