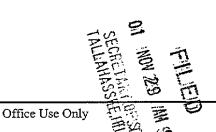


1406 Hays St., Suite 2

Tallahassee, FL 32301

CR2E031(7/97)

(850) 878-4734 Kathi or Brent



CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

(Corpo	ne <u>Managea</u> ration Name)	(Document #)			
(Corporation Name)			(Document#) 900004699139		
(Corpo	ration Name)		(Document #)************************************		
(Согро	ration Name)		(Document #)		
: 2 mi Alfe TIONS SIOA	Pick up time _	11/30	Certified Copy		
Mail Out	□ Will wait	□ Photocopy	□ Certificate of Status		
WILINGS		AMENDMENTS	<u> </u>		
Pr od it		☐ Amendment	N 1		
Not for Profit		Resignation of	R.A., Officer/Director		
Limited Liability		□ Change of Reg	ristered Agent		
Domestication		☐ Dissolution/Wi	ithdrawal		
Other		□ Merger			
THER FILINGS		REGISTRATIO	N/QUALIFICATION		
Annual Report		Foreign			
Fictitious Name		☐ Limited Partne	rship		
		□ Reinstatement			
		□ Trademark			
		□ Other			

Examiner's Initials

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FO	DREIGN CORPORA	TION TO TRANSACT	STATUTES, THE BUSINESS IN TI	FOLLOWING IS HE STATE OF FI	S SUBMITTED T LÖRIDA. 🥥	0
words or abbre	viations of like import	Anagementhe word "INCORPORAT in language as will clearly contained in the name at	y indicate that it is	(", "CORPORATION inste	ON" of A SSE	FILED
2. Colora (State or country)	v under the law of whi	ch it is incorporated) 3.	84-10	16329	To Caldoon	<u> </u>
, ,	,	5.	_		775	; 9
	Qualificat acted business in Flori	ion da. If corporation has no	t transacted busines	ss in Florida, insert		
•	(0	EE SECTIONS 007.130	i, 007.1302 and 81	7.133, F.S.)	-	·
Samo		(Principal office add	ress)			
Jume	<u> </u>	(Current mailing add				
9. Name and str		orized in home state or corida registered agent:				<u>pe</u> rsti'on
Office Address:	526 E. Park Avenu	е	<u>.</u>		=	
	Tallahassee (City)	, Florida <u>33</u>	2301 (Zip code)		
Having been nam designated in this further agree to a duties, and I am N	s application, I here comply with the profamiliar with and a RAI Services Inc. By: certificate of existe	rent and to accept server the appoint of all statutes is compared to the obligations of all statutes of all st	gnature)	the above stated agent and agree oper and complete registered agent.	ee to act in this cote performance of	eapacity. I of my
me Department of	i State, by the Secre	tary of State or other o	fficial having cus	stody of corporate	e records in the j	urisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	757
Chairman: Salvador Gomez	最直型
Address: 1225 17th Street, Suite 1500	SSS TO
Denver CO 80202	Man E O
Vice Chairman:	
Address:	
Director: Ruth Mckinney	
Address: 1225 1744 Street, Suite 1500	
Denver, CO 80202	
Director:	
Address:	
B. OFFICERS	
President: Salvador Gomez	
Address: 1225 17th Street, Suite 1500	1,20
Denver CO 80202	
Vice President: Ruth McKinney	<u> 通音量 </u>
Address: 1225 17th Street, Suite 1500	<u> </u>
Denver CO 80202	and the second s
Secretary: Ruth McKinney	
Address: 1725 17th Street, Suite 1500, Denve	10 0000
Greasurer: Ryth McKinney	er co 10202
Address: 1225 17th Street Suite 1500, Denve	(n 4.207
- Jireci, Juite 1500, Denve	r, 10 80202
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	and/or directors.
3.) (Signature of Chairman Vice Chairman Vic	
Organization Chairman, vice Mairman, of any officer listed in number 12 of the	e application)
4. Ruth McKinney, Executive Vice Presiden (Typed or printed name and capacity of person signing application)	<u>+</u>



DEPARTMENT OF **STATE** CERTIFICATE



I, DONETTA DAVIDSON, Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

SOURCE ONE MANAGEMENT, INC. (Colorado CORPORATION) File # 19871538244

was filed in this office on September 16, 1983 and has complied with the applicable provisions of the laws of the State of Colorado and on this date is in good standing and authorized and competent to transact business or to conduct its affairs within this state.

Dated: November 14, 2001

For Validation:

Certificate ID: 518210

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

www.sos.state.co.us/ValidateCertificate