

F0200 0004615  
TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bergstrom-Allen 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:

Geoffrey B Stoner 500007591135--9  
(Name of Person) -09/09/02--01034--009  
\*\*\*\*\*87.50 \*\*\*\*\*87.50  
Bergstrom-Allen Inc  
(Firm/Company)  
4590 Warkson Drive  
(Address)  
CASTLE ROCK CO 80109  
(City/State and Zip code)

For further information concerning this matter, please call:

Geoffrey Stoner at (303) 489-3082  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration 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

02 SEP - 9 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

JB  
9-10-02

**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. Bergstrom-Alten Inc  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)

2. Colorado 3. 84-129-2781  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-26-94 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2402 Stony brook Dr Wellington FL 33414  
(Principal office address)

4590 Warkson Drive Castle Rock CO 80109  
(Current mailing address)

8. Consulting Business, Any legal Enterprise  
(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 or Mail Drop Box **NOT** acceptable)

Name: Geoffrey B Stover

Office Address: 516 E Atlantic Ave

Delray, Florida 33483  
(City) (Zip code)

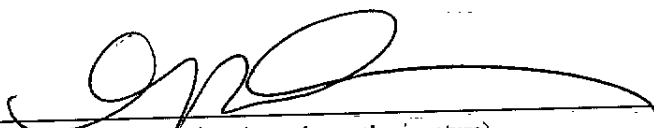
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

**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)

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: Jeffrey Allen Lynch

Address: 4590 Warkson Drive  
Castle Rock CO 80109

Vice Chairman: Geoffrey Bergstrom Stoner

Address: 516 E Atlantic Ave  
Delray Beach FL 33483

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

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

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

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

B. OFFICERS

President: Jeffrey Allen Lynch

Address: 4590 Warkson Drive  
Castle Rock CO 80109

Vice President: Geoffrey B Stoner

Address: 516 E Atlantic Ave  
Delray FL 33483

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

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

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

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

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TALLAHASSEE, FLORIDA

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

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

14. Jeffrey Lynch, Chairman & President.  
(Typed or printed name and capacity of person signing application)



# STATE OF COLORADO

## 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,

BERGSTROM-ALLEN, INC.  
(Colorado CORPORATION )  
File # 19941107729

was filed in this office on September 26, 1994 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: August 27, 2002

**For Validation:**

Certificate ID: 584937

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

[www.sos.state.co.us/ValidateCertificate](http://www.sos.state.co.us/ValidateCertificate)

*Donetta Davidson*

SECRETARY OF STATE