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(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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TRANSMITTAL LETTER

TO:	Registration Sec Division of Cor			<u> 1</u> 4					
SUBJ:	ECT: Telos	Online, Inc.		· <u>-</u>					
2020		(Nam	e of corpora	tion - must	include suffix	()			~
Dear S	ir or Madam:								
"Certif	closed "Applicati icate of Existence sact business in F	e", and check are							
Please	return all corresp	ondence concern	ing this mat	ter to the fo	llowing:				
Tho	mas W. Minnig	3 .		Z	,	س <u>ب</u>	÷ .		
			(Name	of Person)			7.00	03	• •
Teld	os Online, Inc.	en e			_		ECA	<u>8</u>	1
			(Firm/C	Company)			3.57	<u>-5</u>	
493	5 Allison St. U	nit 1	1: :				31.5 51.5 51.5 51.5 51.5 51.5 51.5 51.5	ස්	F
			(Ad	dress)			<u> </u>	Ž	
Arva	ada, Colorado	80002			· · · · · · · · · · · · · · · · · · ·			් දම්	
			(City/State	e and Zip co	ode)			3	•
For fur	ther information	concerning this n	natter, please	== call:					
Tom	as W. Minnig		at (303	424-	-0770	<u></u>			
	(Name of Perso	n)		a Code & D	aytime Telep	hone Numb	oer)		
Registr Divisio 409 E.	ET ADDRESS: ation Section on of Corporations Gaines St. assee, FL 32399	 S		Registra Division P.O. Bo	NG ADDRES ation Section of Corporation ox 6327 ssee, FL 323	ions			
Enclose	ed is a check for t	he following am	ount:	777					
☐ \$70.	00 Filing Fee	☐ \$78.75 Filing Certificate of	_	Certifie	Filing Fee & d Copy	Cert	50 Filing I tificate of tified Cop	Status	&

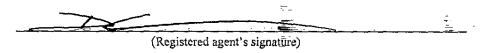
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.	Telos Oni	ine, Inc.	and sign"	₹ï	-	- 22		-			7.7		-	
	(Name of corpo words or abbre natural person		import in la	inguage as	will cle	arl <u>y</u> ind	icate tha							
2.	Colorado		াকুল গোৱ			38	4-156	5241	÷		. ž.			
_,	(State or countr	y under the law	of which it	is incorpo					EI numl	oer, if	applica	ble)		`
4.	10/12/20	000			12.	5=	Perpe	etual			;	.		
•	(Da	te of incorporat	ion)			(D	uration:	Year	corp. w	ill cea	se to ex	ist or "perp	etual")	
6.	upon qua	lification		•			,	. ,			<u></u>			
~.	(Date first trans	acted business i		If corporat							nsert "u	pon qualifi	cation.	<u>")</u>
7.	4935 Alli	son S <u>t. U</u> nit	1, Arvac	la Color	ado 8	0002						.—1	يبشر	
				(Principal	office a	ıddress)						128	ü	_
	4935 Alli:	son St. Unit	1, Arvac	la Color	ado 8	0002					- -	主道	出	7
				(Current n	nailing a	(ddress						255 255 255 255 255 255 255 255 255 255	÷ &	
8.	Web hosti	ng and web	develop	ment	, .		<u>.</u>				اد <u>چنی</u> جنس	严约		Me
•	(Purpose	(s) of corporation	on authorize	d in home	state or	countr	to be c	arried	out in s	tate of	Florid	a) 25 H	¢;; ♂	
9.	Name and sty			_	_	•		or Ma	il Drop	Box	NOT:	acceptable	,) C	
	Name:	Christophe	r Logan	DAVI	d C	raval	5			-	-			
Эſ	ffice Address:	1932 Drev	/ Street,	Ste. 3						<u>~</u>	# ⁻² ,	-		
		Clearwate	<u> </u>	<u></u> -	<u> </u>	7.5	₹, Flori	ida_3	3765	<u>•</u>				
			(City)	·		-			(Zip co	de)				

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.



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. DIRI	ECTORS					
Chairman	Thomas W. Minnig					· · · · ·
Address:	4935 Allison St. Unit 1, Arvada Colorado 80002		<u> 22</u>		<u> </u>	. 2
_		<u> </u>	- J			
Vice Chai	rman: Valeri D. Minnig					
Address:	4935 Allison St. Unit 1, Arvada Colorado 80002	, , ,	=			
				4	,	
Director:	R. Lamont George		- 3		· 1	
Address:	4935 Allison St. Unit 1, Arvada Colorado 80002	<u> </u>	<u></u>	. ,		- ·
Director:	Michael A. Catlett	₹ **}		₩ .	03	
Address:	4935 Allison St. Unit 1, Arvada Colorado 80002	·		. 물	X.	
1 10001 000				JSS	-8	F
B. OFFI						111
	Thomas W. Minnig		:== <u>=</u> .		Ċ	_
	4935 Allison St. Unit 1, Arvada Colorado 80002				8	
Address:	_		* *:		<u>- :</u> -	*
	dent: R. Lamont George and Michael A. Catlett	<u> </u>	<u></u>	- r-		
	400E Allin Ot 11-15 4 America Octor de 0000G			<u> </u>		
Address: _	4905 Amisori St. Offit, 1, Arvada Colorado oggoz	<u> </u>		÷		. ;
	Veleri D. Minnia		<u> </u>	. ~ 		
	Valeri D. Minnig	 	<u> </u>	-		, -
Address: _	4935 Allison St. Unit 1, Arvada Colorado 80002		, ţ÷	· · · · ·		 -
Treasurer:	Valeri D. Minnig		<u> </u>		·-··	. 4 . 5
Address: _	4935 Allison St. Unit 1, Arvada Colorado 80002		#1	· · · · · · · · · · · · · · · · · · ·		 -
NOTE: I	= f necessary, you may attach an addendum to the application	n listing additional	officers :	nd/or dir	notara	
	The about the state of the appropriate of the appro	i nating additional	Officers 2	maror and	ciors.	
13.	Signature of Chairman, Vice Chairman, or any office	er listed in number	12 of th	e applicat	ion)	
14Th	omas W. Minnig, President	* **	• <u>•</u>		·	
	(Typed or printed name and capacity of pers	on signing applicat	ion)			



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,

TELOS ONLINE, INC. (Colorado CORPORATION) File # 20001198349

was filed in this office on October 12, 2000 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: June 11, 2003

For Validation:

Certificate ID: 674979

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

www.sos.state.co.us/ValidateCertificate

SECRETARY OF STATE