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To:

Division of Corporations

Fax Number

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From:

Account Name

: CORPDIRECT AGENTS, INC.

Account Number : 110450000714

Phone

(850) 222-1173

Fax Number

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JIVISION OF CORPORATION 04 OCT 20 PM 3: 40

FOREIGN PROFIT QUALIFICATION

ENCORP, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing

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10/20/2004 2:59:40 PM

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.

| Rome serve | te. Feorparation; must include "INCORPORA | TO0 | H HOOLEN LANCE HOODSON LINEAU H | , | |
|------------------|--|--------------------|--|-------------------|-----------|
| "Ino.," "Co.," | "Corp." "Inc," "Co." or "Corp.") | i i ab, | " "COMPANY," "CORPORATION," | | |
| | | | | | |
| | | | | | |
| (II name unav | aliable in Pioride, enter altornate corporate | Britan | adopted for the purpose of transacting business in Florida) | | |
| 2. Delawara | | | 20-0985389 | | |
| (State or count | try under the law of which it is incorporated | i) | (FEI number, if applicable) | | |
| 4, 04/05/200 | 04 | . 5. | Perpetual | | |
| (D) | ate of incorporation) | _ | (Duration: Year corp. will cease to exist or "perpetual") | , | |
| 6. Upon quali | (Seation | | | | |
| (Date first tran | sacted business in Fiorida. If corporation i (556 SECTIONS 60" | ias no: 7.150 (| t transacted business in Florida, insert "upon qualification." , 607.1502 and 817.155, F.S.) | 4× 5 | 2 |
| 7 9351 Bestn | nan Park Drive, Windsor, CO 805 | 50 | | ⊏ ∮ , | Q |
| | (Principal offi | e add | ress) | | 岛 卫 |
| 9351 Eastn | nan Park Drive, Windsor, CO 505 | | | (V) | 20 |
| | (Current mailin | e sad | ress) | | 1., |
| | | nitte | d under the General Corporation Law of Delaw | A20 | ₩ II: I L |
| | orida Business Corporation Act. | or co | ountry to be parried out in state of Florida) | 95 | . •• |
| | • | | , | ORIGE | |
| 9. Name and g | ircet address of Florids registared as | ent: | (P.O. Box or Mail Drop Box NOT soceptable) | > | |
| Name: | NRAI Services, Inc. | | | | |
| Office Address: | 525 E. Park Avenue | J | | | |
| | Tallabastes | | , Florida 32301 | | |
| | (City) | | (Zip code) | | |
| 10 Resistance | agent's acceptance: | | | | |
| Having been no | i <mark>med as regiziered age</mark> nt and to secept | servi | ce of process for the above stated corporation at the p | viace | |
| designated in th | is application, I hereby accept the app | ointa | nent as registered agent and egree to act in this capul claibre to the proper and complete performance of m | igu I | |
| and I am famili | iar with and accept the obligations of t | nes e Ny po | enaive in ine proper ena compieue perjormance of mj sillon as regisiered agent . | , a h14437 | |
| | NRAI Services, Inc. | - | | | |
| | The state of the s | | | | |
| | by: V | | | | |
| | (Registered agency's signi Michael Mirrione, Assistant Sacretary | atur a) | | | • |
| 11. Attached is | a certificate of existence duly authentic | sated, | not more than 90 days prior to delivery of this applica | tion to | |
| the Department | of State, by the Secretary of State or of | her at | fficial having custody of corporate records in the jurist | liction | |

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under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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| A, DIR | ECTORS | |
|-----------|---|-------------|
| Chairman | n: Dennis Oreig | <u>-</u> - |
| Address; | 9351 Eastman Park Drive, Windsor, CO 80550 | ····· |
| Vips Cha | iimer: | |
| Addtass: | | |
| Director: | Willian D. Paterson | |
| Address: | 9351 Eastman Park Drive, Windsor, CO 80550 | |
| Director: | Jempy Neyman | <u> </u> |
| Address: | 9351 Eastman Park Drive, Windsor, CO \$0550 | ਰੂ ਜ |
| B. OFF | TICERS | 20 |
| President | Dennis Orwig | 是「 |
| Address: | 9351 Eastman Park Drive, Windsor, CO 80550 | |
| Viçe Pres | sident: | |
| Address: | | ***** |
| Scoretary | /s | |
| Address: | | |
| Treasurer | n | |
| Address: | | |
| NOTE: | If necessary, you may stress an addendum to the application listing additional officers and/or directors. | |
| 13. | (Fignature of Director or Officer listed in humber 12 of the application) | ····· |
| 14. De: | nnis Orwig, President (Typed or printed name and aspacity of person signing application) | ····· |

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENCORP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF OCTOBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENCORP, INC." WAS INCORPORATED ON THE FIFTH DAY OF APRIL, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECTION AND STATE

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Warriet Smith Hindson Harring Spirit 1990 2 157

DATE: 10-20-04

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