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Office Use Only



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SECRETARY OF STATE

A THOUSE

### **COVER LETTER**

TO:	New Filing Sect Division of Corp					
SUBJ	ECT:	AS/ (Name)	PIRE	DES	16N	INC.
		(Name	of corpora	tion - must i	nclude suffix	x)
Dear S	ir or Madam:					
"Certif		," and check are si				act Business in Florida," enced foreign corporation to
Please	return all correspo	ondence concernin	g this mat	ter to the fol	lowing:	
	MICI	YAFL H	( )	SHULL	ER	
		HAEL H	(Name	of Person)		<del></del>
	ASP.	IRE DE	SIGN	1 to	UC.	
			(Firm/C	Company)		
	204	3 W.	LON	E C	ACTU.	S DRIVE
			(Ac	ddress)		
	PHO	ENIX.	AZ	850	127	
			(City/Stat	te and Zip co	de)	
For fur	ther information of	oncerning this ma	tter, please	e call:		
MI	KE SI	YULER .	. (602	ه د د	26 - 9	47/
<u></u>	(Name of Person	n)	(Are	a Code & Da	aytime Telep	<b>ゲフ/</b> hone Number)
						•
	STREET/COUI New Filing Secti Division of Corp Clifton Building 2661 Executive ( Tallahassee, FL	orations Center Circle	:		MAILING A New Filing S Division of O P.O. Box 632 Tallahassee,	Section Corporations 27
Enclose	ed is a check for the	ne following amou	ınt:			
\$70.0	00 Filing Fee [	\$78.75 Filing F Certificate of		\$78.75 Fi	iling Fee & I Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

## 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.

A	3//K/	<u> </u>	ES/GN de "INCORPO	<u></u>	NC.						
inter name of nc.," "Co.," "(				ORATED,	" "COMPA	ANY,"'	'CORP	ORATION	٧,"		
1	COIDE	D	<i>EC10</i>	<i>//</i>	EUT	פו יינ	TA	10			
f name unavai	lable in Florid	da, enter al	Iternate corpor	rate name	adopted for	the pur	pose of	transactin	g busine	ss in Flo	rida)
ate or country	under the lay	w of which	it is incorpor	rated)		(Fl	El numt	per, if app	icable)		
丁C (Dat	e of incorpora	ation)	. , ,		(Duration:	Year	orp. wi	II cease to	exist or	"perpetu	al")
	(SE	(Date fir EE SECTIO	rst transacted to	business ir	Florida, if 502, F.S., to	prior to determ	registra	ation) alty liabili	ty)	····	·····
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20	943	W.	(Principal of	C A office addr	ress)	DR,	. P1	40EN	12,	AL	<i>7</i> 3
			(Principal o			DR <sub>i</sub>	<u> </u>	40 E N	1X,	AZ	<u> 73</u>
			(Principal of			DR,	. <i>PI</i>	40 E N	1,2	AL	_ <i></i>
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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 getent the obligations of my position as registered agent.

NRAI Services, Inc.

Catherine Bothicelli, Asit Server

(Registered agent's signature)

Ultusery of this application to

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	DIREC	CTORS	

Chairman: _	STEVEN W. SHUler		-
Address:	5849 E. Redbird Rd,		-
<del></del>	Scottsdale, AZ 85262		_
Vice Chairma	ian: MICHAEL H. SHULER		_
Address:	8617 E. Paraiso Dr. Scottsdale,	42 8525S	<u>-</u> -
Director:	ARDITH A: SHULER		-
Address:	8617 E. Patalso Pt, Scottsdale,	12 85253	<u>-</u>
Director:	OY Y. SHULER #		
Address:	5849 E. RESbitd Road		-
<del></del>	Scotts dale, AZ 85262	<u>8</u> 0 2 <u>₹</u>	-
B. OFFICE	ERS	08 OCT	4
President:	Steven W. Shuler	FILE NASSER	
Address:	5849 E. Redbitd Rd.		ر ان ان
	Scottsdale, AZ 85262	STATE 1.1	
Vice Presider	nt: Michael H. Shuler		
Address:	8617 E. Pataiso Dr		•
	Scottsdale AZ 85255		_
Secretary:	Ardith A. Shaler		
Address:	8617 E. Paraiso Dr. Scuttsdale, A	Z P5255	•
Treasurer:	Ardith A. Shuler		_
Address:	8617 E. Paraiso Dr., Scottsdale.	AZ85250	<u>-</u>
NOTE: If n	necessary, you may attach an addendum to the application listing additional officers and/or officers.	directors.	
	Michael H. Olkule V.P. (Signature of Director or Officer listed in number 12 of the application)		
	·		
14	Michael H. Shulet V-Presi (Typed or printed name and capacity of person signing application)	dert	
	(Typed or printed name and capacity of person signing application)		



## STATE OF ARIZONA



Office of the

#### CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Director of the Arizona Corporation Commission, do hereby certify that

\*\*\*ASPIRE DESIGN, INC. \*\*\*

a domestic corporation organized under the laws of the State of Arizona, did incorporate on June 9, 1987.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 1st Day of October, 2008, A. D.

Order Number:

275287









