Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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 	Doing so will generate another cover sheet.	<u>~</u>	200
To:		第 第	c
	Division of Corporations Fax Number : (850)617-6381	新式	
	Fax Mumber : (650/61/-6361	क्राची	
From:		98	-
	Account Name : INCORP SERVICES INC Account Number : I20120000007	<u>Ş</u> A	(
	Phone : (702)866-2500		•
	Fax Number : (702)866-2689		
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il Addr	REIGN PROFIT/NONPROFIT CORPORATION ArchSys Incorporated		77. Jo
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Corporate Filing Menu

Electronic Filing Menu

Help

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: ARCHSYS INCORPORATED	·
	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation as "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this ma	tter to the following:
Janice Null	
Name	of Person
Incorp Services, Inc.	
Firm/C	ompany
2360 Corporate Circle, Suite 400	
Ac	ldress
Henderson, NV 89074	
City/Stat	e and Zip code
admin@archsys-inc.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	se cali:
Janice Null for Incorp Services, Inc. at (702	, 866-2500
	ea Code & Daytime Telephone Number
	·
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Name: Incorp Services, Inc.	/V-1		" "COLDANY " "CODBOD ATION "		-	
2. Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 02/17/2011 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 3645 Marketplace Blvd., Ste. 130-251, East Point, GA 30344 (Principal office address) 3645 Marketplace Blvd., Ste. 130-251, East Point, GA 30344 (Current mailing address) 8. //Fornation Services (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 NOT acceptable) Name: Incorp Services, Inc. Office Address: 17888 67th Court North Loxahatchee (City) 7. Florida 33470 (Zip code)			COMPANT, CORPORATION,			
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(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) 3645 Marketplace Blvd., Ste. 130-251, East Point, GA 30344 (Principal office address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name: Incorp Services, Inc. Office Address: 17888 67th Court North Loxahatchee (City) (City) (City) Services (Perpetual (Duration: Year corp. will cease to exist or "perpetual") (SEE Sections of Florida, if prior to registerion (Portugistration) (SEE Sections 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	2. Delaware		N/A		_	
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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 accept the obligations of my position as registered agent.

(Registered agent's eignature)

Janice Null on behalf of Incorp Services, Inc.

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.

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12. Names and	business addresses of officers and/or directors:			
A. DIRECTO	RS			
Chairman: Mal	colm Burton			
Address: PO	Box 202026			
Chic	ago, IL 60620			
Vice Chairman:				
Address:	·			_
Director:			<u></u>	
Address:			· · · · · · · · · · · · · · · · · · ·	
Director:		; 		
Address:		ACC.	2	<u> </u>
			20	ر مراجع
B. OFFICERS		S : 1	, on	A contract
President: Lann	y Ballard		E	हैं हैं सम्बद्ध
Address: 3645	Marketplace Blvd., Ste. 130-251	OR OR) :0	, 1-
East	Point, GA 30344	Dr'i	<u>යා</u>	
Vice President:	Malcolm Burton			
Address: PO I	Box 202026	···		
Chica	go, IL 60620			
Secretary: Jenr	nifer Ballard			
Address: 3645	Marketplace Blvd., Ste. 130-251, East Point, GA 30344			
Treasurer:				
Address:				
NOTE: If neces	sary you may attach an addendum to the application listing additional officers and/o	r directors.		
The officer or di are true and that third degree felo	Signature of Director or Officer rector signing this document (and who is listed in number 12 above) affirms that the he or she is aware that false information submitted in a document to the Department on as provided for in s.817.155, F.S. Burton, Vice President			
14. <u>Ivialcolm t</u>	(Typed or printed name and canacity of person signing application)			_

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARCHSYS INCORPORATED" 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 THIRD DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FORTHER CERTIFY THAT THE SAID "ARCHSYS INCORPORATED" WAS INCORPORATED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2011.

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You may verify this cartificate online at corp, delaware, gov/authvar.shtml

AUTHENTY CATION: 9478052

DATE: 04-03-12

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