

F1200000 1665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

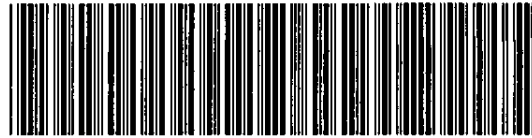
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100222423401

03/09/12--01002--016 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 APR 18 AM 11:36

FILED

J. Stivers APR 19 2012

W12-13718  
647



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2012

MICHELE DANTON  
6280 S FIDDLERS GREEN CIRCLE SUITE 500  
GREENWOOD VILLAGE, CO 80111

SUBJECT: EPIS AURORA, INC.  
Ref. Number: W12000013718

We have received your document for EPIS AURORA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 212A00008953

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** EPIS, 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," or "Certificate of Good Standing" 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:

Michele L. Danton

Name of Person

EPIS, Inc.

Firm/Company

6280 S. Fiddlers Green Circle, Suite 500

Address

Greenwood Village, CO 80111

City/State and Zip code

garythompson@epis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Danton

at (303) 7290-1079

Name of Person

Area 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



\$78.75 Filing Fee &  
Certificate of Status



\$78.75 Filing Fee &  
Certified Copy



\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
2012 APR 18 AM 11:36  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

**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. EPIS, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

EPIS Aurora, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oregon

(State or country under the law of which it is incorporated)

3. 93-1223992

(FEI number, if applicable)

4. 10/23/1996

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1800 Blankenship Road, Suite 350, West Linn, OR 97068

(Principal office address)

1218 North Division Avenue, Suite 201, Sandpoint, ID 83864

(Current mailing address)

8. Software development of the AURORAxmp software.

(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, FL

(City)

, Florida 32301

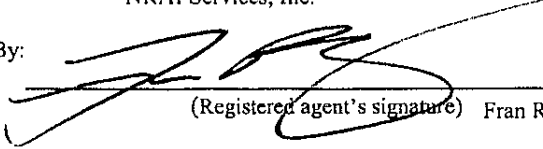
(Zip code)

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.*

NRAI Services, Inc.

By:

  
(Registered agent's signature) Fran Regan - Vice-President

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.

FILED  
2012 APR 18 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Warren Winter

Address: 1800 Blankenship Road, Suite 350  
West Linn, OR 97068

Vice Chairman: \_\_\_\_\_

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

Director: Thomas LaBerge

Address: 1800 Blankenship Road, Suite 350  
West Linn, OR 97068

Director: Peter Swartz

Address: 1800 Blankenship Road, Suite 350  
West Linn, OR 97068

**B. OFFICERS**

President: Peter Swartz

Address: 1800 Blankenship Road, Suite 350  
West Linn, OR 97068

Vice President: \_\_\_\_\_

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

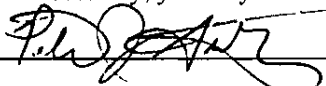
Secretary: Thomas LaBerge

Address: 1800 Blankenship Road, Suite 350, West Linn, OR 97068

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

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

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

13.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Peter Swartz, President

(Typed or printed name and capacity of person signing application)

FILED  
2012 APR 18 AM 11:35  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**EPIS, INC.**

was  
incorporated  
under the Oregon  
Business Corporation Act  
on

October 23, 1996

and is active on the records of the Corporation Division as of  
the date of this certificate.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 APR 18 AM 11:36

FILED



In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.

A handwritten signature in black ink, appearing to read "Kate Brown".

KATE BROWN, Secretary of State

April 10, 2012