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T. Buren MAY 22 20

COVER LETTER

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

ems Inc ASS (echnology) Name of corporation - must include suffix CAMDA SUBJECT:

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:

an Noonan Name of Person Technology Firm/Company Suite lagler S-nail.com ASStechnology System Sinc D E-mail address: (to be used for future annual report notification

For further information concerning this matter, please call:

Name of Person at (786) 231-5159 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

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.	Encompass Technology Systems Inc Pri R (Enter name of corporation; must include "INCORPOBATED," "COMPANY," "CORPORATION,"			
	(Enter name of corporation; must include "INCORPOBATED," "COMPANY," "CORPORATION,"			
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)			
2.	$\frac{27 - 432165}{\text{(State or country under the law of which it is incorporated)}} 3. 27 - 432165} \text{(FEI number, if applicable)}$			
	(State of country under the law of which it is incorporated) (FEI number, it applicable)			
4.	4-29-03 s Perpetual			
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")			
6.				
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
_				
7. 223 E. Flagler St. Suite 610 Miana (Principal office address)				
	'Same'			
	(Current mailing address)			
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)			
	(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: <u>Allan Noonan</u>			
Oi	Fice Address: <u>223 E. Flagler St. Suite</u> 610			
	Miami, Florida 3313/			
	(City) (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.

(Registered agent's signature)

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. DIRECTORS

Chairman:	
Address:	<u>0</u>
Vice Chairman:	
Address:	
Director:	3: 2 []]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]
Address:	
Director:	
Address:	
B. OFFICERS	
President: Allan Noonan	
Address: 223 E. Flagler St. Suite	e 610
Address: 223 E. Flagler St. Suite Miami, FL. 33131	
Vice President:	
Address:	
· · · · · · · · · · · · · · · · · · ·	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additionation	al 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) are true and that he or she is aware that false information submitted in a document to t third degree felomeas provided for in s.817.155, F.S.	affirms that the facts stated herein he Department of State constitutes a
	Noonan
(Typed or printed name and capacity of person signing applic	ation)

_ _ _ _ _ . _ .

.

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

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

ENCOMPASS TECHNOLOGY SYSTEMS, INC.

is a **Corporation** formed or registered on 04/29/2003 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20031136362.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/17/2012 that have been posted, and by documents delivered to this office electronically through 05/18/2012 (a) 11:17:59.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 05/18/2012 @ 11:17:59 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8248748.





Secretary of State of the State of Colorado

<u>Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective.</u> However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web vite, <u>http://www.sox.state.co.us/biz/Certificate/SearchCriteria.do</u> entering the vertificate's confirmation and/or displayed on the certificate, and following the instructions displayed. <u>Confirming the issuance of a certificate is merely obtained and is not</u> <u>necessary to the valid and effective issuance of a certificate</u>. For more information, visit our Web site, http://www.sos.state.co.us/ click Business Conter and select "Frequently Asked Questions."