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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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ECHETARY OF STATE

SEP 10 PM 3: 9

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: A.L.S. Management, Inc. Name of corporation - must include suffix	
Name of corporation - must include surfix	
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:	
Inga Causey	
Name of Person	
A.L.S. Management, Inc.	
Firm/Company	
P.O. Box 5259	
Address	
Eagle, CO 81631	
City/State and Zip code	
ihc@ihcauseyllc.com	2 S
E-mail address: (to be used for future annual report notification)	0
For further information concerning this matter, please call:	<u> </u>
Indo Courant	PM 3: 5
Inga Causey Name of Person Area Code & Daytime Telephone Number	ري. نخ
Name of Person Area Code & Daytime Telephone Number	7
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother 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 Certified Copy \$87.50 Filing Fee, 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.

4	gement, Inc.		
	corporation; must include "INCORPORATED," corp.," "Inc.," "Co.," or "Corp.")	"COMPANY," "CORPORATION,"	
Amware Mai	nagement, Inc.		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida	a)
Georgia	3.	80-0124866	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
12/20/2000	5.	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	')
08/01/2012			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
936 Chamb	pers Court, A-11, Eagle, CO 81		_
	(Principal office addre	ess)	
P.O. Box 5	5259, Eagle, CO 81631		
(Purpose(s	ion of management services to of corporation authorized in home state or count at address of Florida registered agent: (P.O.	intry to be carried out in state of Florida)	SEC
Name:	Corporation Service Company		\geq
			を記
	1201 Hays Street		HENEY OF
	1201 Hays Street Tallahassee	—— , Florida 3230)	HASSEE FLO
office Address:		, Florida 32301 (Zip code)	HASSEE, FLORIDA
office Address: O. Registered ag laving been namesignated in this arther agree to co	Tallahassee (City) gent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	(Zip code) (Zip code) e of process for the above stated corporation at the ent as registered agent and agree to act in this cap lative to the proper and complete performance of n	acity. my dut

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: Mark Wilhelm			
Address: P.O. Box 5259			_
Eagle, CO 81631			_
Vice Chairman: Jim Smith			_
Address: P.O. Box 5259	<u></u>		
Eagle, CO 81631			
Director:			
Address:			
·			
Director:			
Address:			_
			_
B. OFFICERS			
President: Mark Wilhelm			_
Address: P.O. Box 5259			<u>. </u>
Eagle, CO 81631	-= -	-5	_
Vice President: Jim Smith		SE	
Address: P.O. Box 5259	<u> </u>		— <u></u>
Eagle, CO 81631		P	7
Secretary:	STA	ယ္	_
Address:	<u>~~</u>	57	_
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dir	ectors.		
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 are true and that he or she is aware that false information submitted in a document to the Department of St third degree felony as provided for in s.817.155, F.S.			a
14. Mark Wilhelm			

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

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

A.L.S. MANAGEMENT, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 12/20/2000 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and Francisco evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 8th day of August, 2012

B:Ph

Brian P. Kemp Secretary of State

Certification Number: 9254617-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp

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