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Florida Department of State
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TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

12 NOV -9 AM 10:23

## FOREIGN PROFIT/NONPROFIT CORPORATION
## Applied Training Systems, Inc.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | $78.75 |

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11/13/12

# TRANSMITTAL LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** APPLIED TRAINING SYSTEMS, 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," 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:

Tony Burroughs
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

100 W. Broadaway Suite 100
(Address)

Glendale, CA 91210
(City/State and Zip code)

For further information concerning this matter, please call:

Tony Burroughs at ( 323 ) 962-8600
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

**MAILING ADDRESS:**
Registration 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.*

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2012 NOV -9 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. APPLIED TRAINING SYSTEMS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

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

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

3. _____
(FEI number, if applicable)

4. 3/4/2009
(Date of incorporation)

5. perpetual
(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. 3003 N.E. Trilein Drive, Ankeny, IA 50021
(Principal office address)

3003 N.E. Trilein Drive, Ankeny, IA 50021
(Current mailing address)

8. Management consulting, publishing, human resource management systems
(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: Joshua Arringdale

Office Address: 12869 Pastures Way

Fort Myers (City), Florida 33913 (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) Joshua Arringdale

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: David Arringdale

Address: 3003 N.E. Trilein Drive, Ankeny, IA 50021

Vice Chairman: _____

Address: _____

Director: Christopher Arringdale

Address: 3003 N.E. Trilein Drive, Ankeny, IA 50021

Director: Janice Arringdale

Address: 3003 N.E. Trilein Drive, Ankeny, IA 50021

**B. OFFICERS**

President: David Arringdale

Address: 3003 N.E. Trilein Drive, Ankeny, IA 50021

Vice President: _____

Address: _____

Secretary: Christopher Arringda

Address: 3003 N.E. Trilein Drive, Ankeny, IA 50021

Treasurer: Janice Arringdale

Address: 3003 N.E. Trilein Drive, Ankeny, IA 50021

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

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. David Arringdale, President
(Typed or printed name and capacity of person signing application)

# IOWA SECRETARY OF STATE
# MATT SCHULTZ

## CERTIFICATE OF EXISTENCE

FILED
12 NOV -9 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: 11/9/2012

Name: APPLIED TRAINING SYSTEMS, INC. (490 DP - 376210)
Date of Incorporation: 3/4/2009
Duration:PERPETUAL

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

Certificate ID: **CS73025**

To validate certificates visit:
**sos.iowa.gov/ValidateCertificate**

Matt Schultz, Iowa Secretary of State