

Division of Corporations

Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION
Applied Training Systems, Inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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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

(Name of Person)

at (323) 962-8600

(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

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 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/4/2009 5. 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. 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)

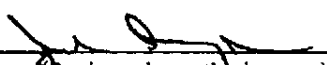
Name: Joshua Arringdale

Office Address: 12869 Pastures Way

Fort Myers, Florida 33913
(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) 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. DIRECTORSChairman: David ArringdaleAddress: 3003 N.E. Trilein Drive, Ankeny, IA 50021

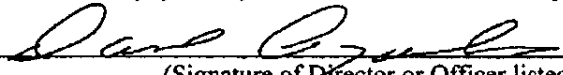
Vice Chairman: _____

Address: _____

Director: Christopher ArringdaleAddress: 3003 N.E. Trilein Drive, Ankeny, IA 50021Director: Janice ArringdaleAddress: 3003 N.E. Trilein Drive, Ankeny, IA 50021**B. OFFICERS**President: David ArringdaleAddress: 3003 N.E. Trilein Drive, Ankeny, IA 50021

Vice President: _____

Address: _____

Secretary: Christopher ArringdaleAddress: 3003 N.E. Trilein Drive, Ankeny, IA 50021Treasurer: Janice ArringdaleAddress: 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)

Certificate of Standing

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IOWA SECRETARY OF STATE
MATT SCHULTZ

CERTIFICATE OF EXISTENCE

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

A handwritten signature of Matt Schultz in black ink.

Matt Schultz, Iowa Secretary of State