# F12000004943

(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:					





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## **COVER LETTER**

TO:	New Filing Section Division of Corpo			
CLID	-		l Solutions, Inc.	
SUB	JECT:		on - must include suffix	
Dear :	Sir or Madam:	-		
"Certi	ficate of Existence,'	n by Foreign Corporation for "Certificate of Good States of Corporation to transact busings."	anding" and check are so	
Please	e return all correspor	idence concerning this matt	er to the following:	
		Brian	Burris	
		Name o	of Person	
		ERI Solut	ions, Inc.	
		Firm/Co	ompany	
		125 N. Fit	rst Street	
		Ado	iress	•
	Co	olwich	KS	67030
		City/State	and Zip code	
		stacy.underwoo		A
		E-mail address: (to be used	i for future annual repor	t notification)
For fu	rther information co	ncerning this matter, please	e call:	
	Brian Burri	s ( 316	977	-6577
	Name of Person	a, a, a, t	Code & Daytime Telep	
	STREET/COUR New Filing Section Division of Corpon Clifton Building 2661 Executive Control Tallahassee, FL 3	n rations enter Circle 2301	New Filing	Corporations 27
	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.	ERI Sol							
	(Enter name of corporation; must include "INCORPORATI" Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")	ED,"	"COMPANY,"	"CORPO	RATION,"			
	(If name unavailable in Florida, enter alternate corporate na	me ad	opted for the pu	rpose of ti	ransacting busi	ness in Florida	)	
2.	Kansas	3.	3. <u>26-0593242</u> (FEI number, if applicable)					
	Kansas (State or country under the law of which it is incorporated)	_	(1	El numbe	r, if applicable	:)	_	
4.	07/12/2007		perpetual					
	(Date of incorporation)	(Duration: Year corp. will cease to exist of				or "perpetual"	)	
6.	12/	4/201	2					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)								
7.	125 N. First Street		Colv	vlch	KS	67030	93	-
	(Principal office address)						]	F
	125 N. First Street		Colv	vich	KS	67030:		
	(Current mailing		,			F-1 (2)	===	Q.
8.	to engage in any lawful act or activity for which cogeneral corporation code	orpor	ations may be	e organiz	ed under the	Kansas	2. Ö	
•	(Purpose(s) of corporation authorized in home state of	r cou	ntry to be carried	d out in sta	ite of Florida)			
9.	Name and street address of Florida registered agent: (	P.O.	Box <u>NOT</u> acc	eptable)				
	Name: National Corporate Research, Lt	d., In	<u>c.</u>					
0	ffice Address: 155 Office Plaza Drive		<del></del>					
	Tallahassee		, Florida _	32301				
	(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.

Colleen M. Mahan, ASSI, Sec.
(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 bu	siness addresses of officers and/or direc	CH CTA						
A. DIRECTORS			FILED					
Chairman:			<b>12</b> DEC	: -7 AM 10: 57				
			TECASE I	ARY OF STATE				
Vice Chairman:								
Address:								
Director:	David	d J. Vander Griend						
	ress: 310 N. First Street							
	Colwich		KS	67030				
Director:	E	Bruce Pearson						
	ress: 125 N. First Street							
	Colwich		KS	67030				
B. OFFICERS								
President:		Bruce Pearson	·					
Address:	12	5 N. First Street						
<del></del>	Colwich		KS	67030				
Vice President:								
Address:				· • • · · · · · · · · · · · · · ·				
<del></del>								
Secretary:		Brian Burris						
Address:	310 N. First Street	Colwich	KS	67030				
Treasurer:								
Address:								
NOTE: If necessa	ry, you may attach an addendum to the	application listing addition	nal officers and/o	or directors.				
13.	Su / Just	Officer	<del> </del>					
are true and that he	etor signing this document (and who is lied or she is aware that false information sure as provided for in s.817.155, F.S.							

Secretary

**Brian Burris** 

### STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

FILED

12 DEC -7 AN IO: 57

MICHETARY OF STATE
TRAILABLASSNE, TEMPORE

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4093902

Entity Name: ERI SOLUTIONS, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: DAVID J. VANDER GRIEND

Registered Office: 310 N. FIRST, COLWICH, KS 67030

was filed in this office on July 12, 2007, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of December 05, 2012

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 562108 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.