Division of Corporations
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To:

Division of Corporations

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098.180132

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number: 110450000714 Phone: (850)222-1173

Fax Number : (850)224-1640

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

Email	Address			

FOREIGN PROFIT/NONPROFIT CORPORATION: ALPINE SERVICES, INC.

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SECRETARY OF STATE

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H13000022593 3

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.

, Alpine Services	, Inc _u				
	orporation; must include "INCORPORATI 2019," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"			
ASI Fig	elds, Inc.				
(If name unaveil	able in Florida, enter alternate corporate na	one adopted for the purpose of transacting business	in Florida)		
Maryland		3. 52-1271326			
	under the law of which it is incorporated)	(FHI number, if applicable)			
4. 9/7/1982 (Date of incorporation)		5. perpetual			
		(Duration: Year corp. will sease to exist or "p	erpetual")		
6. NA					
	(Date first transacted busine (SEE SECTIONS 607.150) & 60	ss in Florida, if prior to registration) 7.1502, P.S., to determine penalty liability)			
_ 5313 Brookeville	Read, Gaithersburg, MD 20882				
/	(Principal office	address)			
5313 Brookeville	Road, Galthersburg, MD 20882	•			
	(Current medling	address)			
		,			
8	novation of athletic fields				
(Purpose(s) of corporation authorized in home state o	r country to be carried out in state of Florida)			
9. Name and street	tt address of Florida registered agent: ((P.O. Box <u>NOT acceptable)</u>			
Name:	NRAI Services, Inc.	<u></u>	129 1ASS		
Office Address:	515 East Park Avenue		<u>m</u> ≺ "		
	Tallahassee	Florida 32301	PH IZ:		
	(City)	(Zip code)	39 AIR 39		
10. Registered as	rent's acceptance:		·D		
designated in this further ogree to c	application, I hereby accept the appear	ervice of process for the above stated corporal interent as registered agent and agree to act it as relative to the proper and complete perfora as of my position as registered agent.	n this capacity. I		
Ву;	NRAI Services, Inc.	NB			
	(Registered agout	signature) Ryan Black, Asst. Sec.			

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.

H13000022593 3

12. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman: there are no directors .		-
Address:		-
·		-
Vice Chairman:		-
Address:	<u> </u>	-
· · · · · · · · · · · · · · · · · · ·		
Director:		
Address:	·	_
		-
Director:	5.	-
Address:	<u> </u>	- 1
	AH AH	£27244 A3844
B. OFFICERS	3SS Ayy	y many m
President: N. Grove Testes, Jr.	E P	Marie and
Address: 5313 Brookeville Road	Z: STA LOF	Acres 1
Gaithersburg, MD 20882	39 10 _A	_
Vice President: Judith H. Testes		_
Address: 5313 Brookeville Road		_
Gaithersburg, MD 20882		_
Secretary: N. Grove Teates, Jr.		_
Address: 5313 Brookeville Road, Galthersburg, MD 20882		
Treasurer: Judith H. Teatas		
Address: 5313 Brookeville Road, Gaithersburg, MD 20882		
NOTE: If necessary, you may attach an addendum to the application listing additional officers an	nd/or directors.	_
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 stated hard-	-
are true and that he or she is aware that false information submitted in a document to the Departm	ent of State constitutes	
s third degree folony as provided for in s.817.155, F.S. Judith H. Testes, Vice President		
(Typed or printed name and capacity of person signing application)		•

H13000022593 3

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ALPINE SERVICES, INC., INCORPORATED SEPTEMBER 07, 1982, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 29, 2013.

Paul B. Anderson Charter Division SECRETARY OF STATE TALLAHASSEE, FLORID



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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