130000033468

(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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SECRETARY OF STATE
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COVER LETTER

TO: New Filing Section Division of Corpor			·
	Services, Inc.		
SUBJECT:		on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence," above referenced foreign c	or "Certificate of Good Sta	anding" and check are sub	
Please return all correspon	dence concerning this matt	er to the following:	
Lawless Barrier	ntos		
	Name o	f Person	
Equity Services	, Inc.		
	Firm/Co	mpany	
110 N Rubey D	r., Suite 100		
Golden, CO 804	Add 403	ress	
lawless@atcolora	· ·	and Zip code	
· -	E-mail address: (to be used	for future annual report n	notification)
For further information cor	ncerning this matter, please	call:	
Lawless Barrier	ntos _{at (} 303	, 801-0530	
Name of Person		Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center 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	\$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.

	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORAT	TION,"
, co., c	orp, me, co, or corp.)		≥ ∞ -
			3 J
(If name unavaila	able in Florida, enter alternate corporate nam	e adopted for the purpose of transa	acting business in Florida)
_{2.} Colorado)	_{3.} 84-1507265	SER T
(State or country	under the law of which it is incorporated)	(FEI number, if	applicable)
_{4.} <u>07/07/19</u>	99	_{5.} Perpetual	ORAL ORAL
(Date	of incorporation)	(Duration: Year corp. will cea	se to exist or "perpetual")
6			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) .1502, F.S., to determine penalty li	
_a 110 N Rui	bey Drive, Suite 110, Gol		,
/	(Principal office ac		
110 N Rul	bey Drive, Suite 110, Gold	en CO 80403	
.	(Current mailing ac	ddress)	· · ·
_{8.} Employ ii	ndividuals to work on line	as abstractors from	any location
(Purpose(s) of corporation authorized in home state or	country to be carried out in state o	f Florida)
9. Name and stree	et address of Florida registered agent: (F	P.O. Box <u>NOT</u> acceptable)	
Name:	Michelle Darienzo	<u></u>	
Office Address:	2390 Dothan Ave		
	Spring Hill	, Florida 34609	
	(City)	 ,	-

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.

Merson Daries 30
(Registered agents 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 business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: David S. Miller	
Address: 583 Canyon Point Circle	LECRI F
Golden, CO 80403	L24
Vice Chairman: None	PH II
Address:	10. 10. 10. 10. 10.
Addicss.	ADE A
Director: None	·
Address:	
Director: None	
Address:	
B. OFFICERS	
President: David S. Miller	
Address: 583 Canyon Point Circle	
Golden, CO 80403	
Vice President: None	
Address:	
Secretary: None	
Address:	
Treasurer: None	
Address:	
NOTE: If necessary, you may attach an addendam to the application listing additional offi	cers and/or directors.
13Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 above) affirm	is that the facts stated herein

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. David S. Miller, President/Chairman of the Board

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

EQUITY SERVICES, INC.

is a **Corporation** formed or registered on 07/07/1999 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19991127731.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/17/2013 that have been posted, and by documents delivered to this office electronically through 07/18/2013 @ 10:29:15.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 07/18/2013 @ 10:29:15 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8592865.



Secretary of State of the State of Colorado

************End of Certificate******************************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."