THE ENWISSOY

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Okyotato/Zipii Hollo #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
spoolar monadante to 1 mily dimest.
·

Office Use Only



800250297218

800250297218 08/02/13--01012--002 **70.00

13 AUG -2 AM 11: 02

la/13

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Eliason Management Compage Inc	
SUBJECT: Eliason Management Company, 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," or "Certificate of Good Standing" 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:	
Darold (MYanko	
Name of Person	-
Eliusur Management Company Inc Firm/Company	_
Time company	
10605 Justin Orive	-
Urbandale Iowa 50322 City/State and Zip code	_
City/State and Zip code	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Name of Person at (517) 331 - 6530 Area Code & Daytime Telephone 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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy 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.

NCORPORATED," "CO	Company," "CORPOR	Inc.	
.)			
ate corporate name adopt	ed for the purpose of tra	ansacting business i	in Florida)
·			
incorporated)	(FEI number	, if applicable)	
5.	Perpe	tua (
(Du	ration: Year corp. will	cease to exist or "p	erpetual")
ansacted business in Flor	ida, if prior to registrati	on)	
stin Ugia	c: Urband	a Icun	50322
- \	1) \ 0 /	₩	~
Turrent mailing address)	rbandale	, Jour	50122
on one maining address;			
was ement			وتنا
in home state or country	to be carried out in stat	e of Florida)	
stered agent: (P.O. Bo	x NOT acceptable)		13 AUG -2
	<u></u>		2
_			3
lamoura Pl	L		AM II. Oc
a	Florida 347A	1.	,
UN	Trionua J / EV		
a Social	incorporate name adopt 3. incorporated) 5. (Du Insacted business in Flor 607.1501 & 607.1502, F Principal office address) Furrent mailing address) Current mailing address in home state or country stered agent: (P.O. Bo	incorporate name adopted for the purpose of tra 3. 42 13 (FEI number) 5. Perpe (Duration: Year corp. will ansacted business in Florida, if prior to registrati 607.1501 & 607.1502, F.S., to determine penalt orincipal office address) in Drive Urband current mailing address) an orea pl anove a pl anove a pl	3. 42 13 97 937 incorporated) (FEI number, if applicable) 5. Perpetual (Duration: Year corp. will cease to exist or "p insacted business in Florida, if prior to registration) 607.1501 & 607.1502, F.S., to determine penalty liability) of incorporated Towa Principal office address Final Prior to registration Office address Final Prior to registration Towa Principal office address Final Prior to registration Towa Final Pr

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)

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. DIRECT	ORS		
Chairman:	Juy Eliason		
Address:	P.Ó. Box 71271		
	Oco Moines, June 50325		
Vice Chairma	n:		·
Address:			
Director:			
Director:			
Address:			
B. OFFICE	RS		5
President:	Jag Eliason	ಪ! ==	USIA10
Address:	10 Bay 71271	ြင	ON ON
	Des Misses Turn 50325	-2	000 5
Vice President	t:	AH ::	P0.7
Address:		:02	EBRPOHATIONS
Secretary:	Donald Milonkey		
Address:	P. O. Box 71271 Des Moince, Iona 50325		
Treasurer:	Jag Eliason		
Address:	P.O. Box 71271 Des Moiars Icas 50325		
NOTE: If no	ecessary, you may attach an addendum to the application listing additional officers and/or directors	s.	
13	Cinches of Directors of Office		
are true and t	Signature of Director or Officer or director signing this document (and who is listed in number 12 above) affirms that the facts state that he or she is aware that false information submitted in a document to the Department of State or e felony as provided for in s.817.155, F.S.		
14	Onsell MEnl		
	(Typed or printed name and capacity of person signing application) Ounald (- Monkey See		

IOWA SECRETARY OF STATE MATT SCHULTZ



CERTIFICATE OF EXISTENCE

Date: 7/16/2013

Name: ELIASON MANAGEMENT COMPANY, INC. (490 DP - 164192)

Date of Incorporation: 2/9/1993

Duration: PERPETUAL

- 1, 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: CS82205

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Matt Schultz, Iowa Secretary of State