Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001851563)))



H130001851583ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

ar Hamber 1 (004) 017

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

3 AUG 20 AM II: 4 ECRETARY OF STATE

\*\*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 Ely and Associates Corp.

Certificate of Status	0
Certified Copy	0
Page Count	. 05
Estimated Charge	\$70.00

13 AUG 20 PM 1:57 SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

#### COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Ely and Associates Corp.  Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Cartificate of Bristence," 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:				
<b>∞</b> • • • • • • • • • • • • • • • • • • •				
Michele Blest				
Name of Person				
Elyand Associates Corp				
O Firm/Company				
14343-6 Torrey Chase Blud.				
Address				
Houston TX 77014				
City/State and Zip code				
Sblest @ elufrac. com				
B-mail address: (to be used for fluture control report neitheation)				
For further information concerning this matter, please call:				
Shelly Blest = (28) 580-4646				
Name of Person Area Code & Daytima Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:  New Filing Section New Filing Section				
Division of Corporations  Division of Corporations				
Cliffon Building P.O. Box 6327				
2661 Executive Center Circle Tallahasace, FL 32314 Tallahasace, FL 32301				
Englosed 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  Certified Copy				

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	<u>.                                    </u>		13	AUG 20	AM 11:
APPLICA		PATION FOR AUTHORIZATION TO TR	<b>ANSA</b>		
• ,	BUSINI	ess in Florida	SEC	RETARY (	JF STAT
		DA STATUTES, THE FOLLOWING IS SUBMITE ICT BUSINESS IN THE STATE OF FLORIDA.	1 ALL) <b>RD TO</b>	AHASSEE	-FLORI
I. Enter record of	ly and Associate	"S COLDS TED," "COMPANY," "CORPORATION,"	, 	· 	
"Eno.," "Co.," "Co	up," "Inc," "Co," or "Corp.")	IBU, COMPANI, CORPORATION,			
				_	ŕ
(If name unaveils	ble in Florida, enter alternato corporato r	name adopted for the purpose of transacting business in	Plorida)	Ī	
2. Del	nder the law of which it is incorporated)	3. <u>90-09064570</u> (FHI number, if spylicable)		_	
A A		(Fitt intmost, it application)			
4Y	aud0,2013	sOffictual		_	
(Date	of inderporation).	(Duration: Yeah ourp. Will ocase to exist or "pe	rpetual")		
6	• •				
	Date first transected busing	ness in Florida, if prior to registration)	,	_	
	(SER SECTIONS 607,1501 & 6	507.1502, P.S., to determine ponsity liability)			_
7.	4343-6- 1000	u Chase Blud Housto	᠕᠓	17019	<b>'</b>
, <del></del>	(Principal office		<del>1116</del>		<b>,</b> ,
•	some as abo	40			
-	(Current mailing			_	
•	•			•	
	Sield consulting	aservices and enamer	יהֿה		
(Purposs(s)		and country to be carried out in state of Plesida)	<del>"''5</del>	-	
	sidress of Florids registered agent:	_ ,,			•
	C T Corporation System		•		
Name:		· ·			
Office Address:	1200 South Pine Island Road				
•	Pientetion	, Florida33324	•	•	
	(City)	(Zip code)		•	
10. Registered ag	entia seessionest	•			
		service of process for the above stated corporati	on at th	a placa	
designated in this	application, I hereby accept the app	cintment as registered opent and oxice to act in	this car	acity. I	
further agree to co	mply with the provisions of all state	utes relative to the proper and complete perform	ance of	miy.	
anties, and I am fo	musar with and accept the obligation	ons of my position as registered agent.		•	•
• • •	CT corporation System	Sierra Burrie			
		Signa Dullia			

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.

(Registered agent's algosture)

FLB19 - CAPISTADES Welton Klasser-Ordhon

### FILED

12. Names and business addresses of officers and/or directors:	13	AUG 20	AM 11: 42
A. DIRECTORS		RETARY O	
Chairman: Ecic Wolf	TALL	AHASSEE	FLORIDA
1.6- 1.0C- 11.51 C107/07			<del></del>
		<del>,</del>	
_ Denuer Co SDAIB	<del>,</del>		
Vice Chairman:	·		
Address:			
Director: Blair Richardson			
Address: 1400 Lafquette St. Ste400			
Denver Co Box18			
John Elu		,	<del></del>
Address 14343-F Torreu Chase Blue		-	
Houston 512 77014		<del></del>	
B. OFFICERS			
President:		<del>_</del> _	
Address: 4343-G Torrey Chase Blud	<u> </u>		
thouston 1 X - 77019 .			
Vice President:		<del></del>	<del></del>
Address:			<del>.</del>
•			
Secretary Rachara Benton			
Address 14343-6- Torrey Chase Blud	Hou	ston D	(771)4
CRO Michele Bless			
Address: 14343-G TOrrey Clase Blud +	Tour	4	1 77116
			<u>- 770</u> 87
NOTE: If necessary, you may attach an addenound to the application listing additional of	iloers a	nd/or director	9.
13. Signature of Director or Officer			· · · · · · · ·
The officer or director signing this depunyant (and who is listed in number 12 above) affir	nus that	the facts state	d herein
are true and that he or the is aware that false information submitted in a document to the a third degree felony as provided for in a.517.155, F.S.	∪epart¤	ient of State o	COUNTROL
14. Michely Blest, CPO			
(Typed or printed name and capacity of pesson signing application	п) .		

PLOUP-ONI, GROOM Whites pictures Challes

# Delaware

PAGE

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELY AND ASSOCIATES CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

13 AUG 20 M 11: 42
SECRETARY OF STATE
SECRETARY OF STATE
AND AHASSEE, FLORIDA

5307058 8300

130995595

You may verify this certificate online at coxp. delaware.gov/suthwor.shtml

Jeffrey W. Bullock, Secretary of State

OTHENTICATION: 0669428

DATE: 08-15-13