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DIVISION OF CORPORATIONS
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[Signature]

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ultimate Office Source, 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:

Erik Nobs

Name of Person

Ultimate Office Source, Inc

Firm/Company

233 Hedden Ct

Address

Palm Harbor, FL 34683

City/State and Zip code

nobs.erik@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Nobs

Name of Person

at (503) 857-7007

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 & 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. **Ultimate Office Source, Inc**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Alan Dale Consulting

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Oregon** 3. **05-0537918**

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. **October 31, 2002**

5. **perpetual**

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **20700 SW Canyon Road, Sheridan OR 97378**

(Principal office address)

PO BOX 44 Sheridan, OR 97378

(Current mailing address)

8. **Marketing Services**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Erik Nobs**

Office Address: **233 Hedden Ct**

Palm Harbor

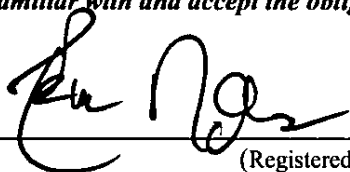
(City)

, Florida **34683**

(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.



(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Erik Nobs

Address: 1020 Pine Brook Drive, Clearwater FL 33755

Vice President: _____

Address: _____

Secretary: Cyndie Fish

Address: 20700 SW Canyon Road, Sheridan OR 97378

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/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 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. Erik Nobs - President, Ultimate Office Source, Inc

(Typed or printed name and capacity of person signing application)

11:39
13 AUG 26 AM 6:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

ULTIMATE OFFICE SOURCE, INC.

was

incorporated

under the Oregon

Business Corporation Act

on

October 31, 2002

and is active on the records of the Corporation Division as of
the date of this certificate.

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In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

A handwritten signature in black ink, appearing to read "Kate Brown".

KATE BROWN, Secretary of State

June 24, 2013