## F1400001973

. (R€	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

W14000020975



600257461106

03/27/14--01016--005 \*\*78.75

05/01/14--01021--022 \*\*650.00

FILED

14 MAY -1 PH 2: 44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/5/14



April 2, 2014

LINDA DEAN 154 1ST AVENUE WEST JEROME, ID 83338

SUBJECT: FIELD DATA SOLUTIONS, INC.

Ref. Number: W14000020975

We have received your document for FIELD DATA SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

SE CRE TALLAH

Letter Number: 914A00007041

FILED
14 MAY -1 PM 2: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:	New Filing Section Division of Corpo			
SUBJ	ECT:	Field D	ata Solutions, Inc.	
~		Name of corporation	on - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence,"	n by Foreign Corporation fo or "Certificate of Good Sta corporation to transact busin	inding" and check are sub-	
Please	return all correspor	ndence concerning this matte	er to the following:	
		Linda	Dean	
		Name o	f Person	
		Field Data So	olutions, Inc.	
		Firm/Co	mpany	
		154 1st A	ve West	
		Add	Iress	
	Je	erome	ID	83338
		City/State	and Zip code	
		linda@elec		
		E-mail address: (to be used	I for future annual report r	notification)
For fu	rther information co	oncerning this matter, please	call:	
		999	204.0	
	Linda Dea Name of Person	at (	324-8 a Code & Daytime Teleph	<del></del>
	Name of Ferson	71100	t Code & Daytime Telepii	TAI =
			•	CR.
	STREET/COUR	IER ADDRESS:	MAILING A	DDRESS:
New Filing Section			New Filing Se	ection SS -
Division of Corporations		Division of C	orporations FF OF S	
Clifton Building		P.O. Box 632	7 7 3 6	
2661 Executive Center Circle		Tallahassee, F	FL 32314 - ST 😯	
	Tallahassee, FL	32301		7 FL 32314 PN 2:44
Enclo	sed is a check for th	e following amount:		
\$	570.00 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.

(Enter name of "Inc.," "Co.," "	Field Data S corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	olutions, Inc. D," "COMPANY," "CORPOR	ATION,"		_
(If name unava	ilable in Florida, enter alternate corporate nar	ne adopted for the purpose of tra	nsacting bu	siness in Florida	<del>-</del>
2	Idaho y under the law of which it is incorporated)	3. 82-04	25429		
(State or country	under the law of which it is incorporated)	(FEI number,	if applicab	le)	_
4. 12	2-27-1988 le of incorporation)	s. Perpetual			
(Dat	te of incorporation)	(Duration: Year corp. will c	ease to exis	t or "perpetual")	
6.	October 1	20/3			
U	(Date first transacted busines	s in Florida, if prior to registratio		·	-
	(SEE SECTIONS 607.1501 & 607	.1502, F.S., to determine penalty	liability)		
7	154 1st Ave West	Jerome	ID	83338	
	(Principal office a	ddress)			<del></del>
	PO Box 31	Jerome	ID	83338	
	(Current mailing a	ddress)			-
	tom software programs for data collec				
8	(s) of corporation authorized in home state or				
(Purpose	(s) of corporation authorized in home state or	country to be carried out in state	of Florida	) —-	
9. Name and stre	et address of Florida registered agent: (F	P.O. Box NOT acceptable)		SEC	7
<b>N</b> 1.	Notional Cornerate Bassarah   ta	l Ina		젊	4 MAY -1 PH 2:1
Name:	National Corporate Research, Ltd	., mc.		IAS A	<b>~</b> .
Office Address:	155 Office Plaza Drive			YS AS	<u> </u>
	Tallahaana	22204		규유	<b>≆</b> [
	(City)	, Florida <u>32301</u> (Zip code)			NO.
	(Oily)	(Zip code)		ŽAT.	=
	agent's acceptance:			Σm	
	ned as registered agent and to accept se is application, I hereby accept the appoi				
	comply with the provisions of all statute.				
	r with and accept the obligations of my			-	•

(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

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:			FILED			
A. DIRECTORS			14 MAY -1	PM 2: 41		
Chairman:			SECRETARY	-OC-CTATE		
			ALLANASSE	E, FLORID		
	10/10/10/10					
Address:						
Address:						
B. OFFICERS						
President:	David De	an				
Address:	58 S 200 W	/est	···			
	Jerome	ID	833	38		
Vice President:	Linda Dea	n Glover				
Address:	102 August	a Rd				
	Jerome	ID	833:	38		
Secretary:	· · · · · · · · · · · · · · · · · · ·					
Address:						
Treasurer:						
Address:						
NOTE: If necessary, you	may attach an addendum to the application	listing additional officers	and/or director	s.		
	de Dean Glover					
	Signature of Director or C	Officer				

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.

Linda Dean Glover, VP/Secutary

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

## State of Idaho

Office of the Secretary of State

**CERTIFICATE OF EXISTENCE** 

FIELD DATA SOLUTIONS, INC.

I, BEN YSURSA, Secretary of State of the State of Idaho hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the record of this office show that the above-named corporation was incorporated under the laws of Idaho on December 27, 1988.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: March 12, 2014



Ben youra