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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

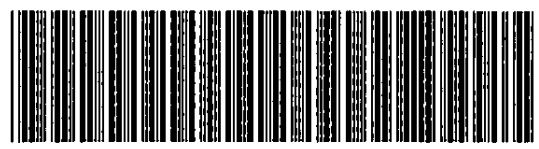
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 21 PM 4:29

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Central Address Systems, 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:

Michael E. Garrean
Name of Person

Central Address Systems, Inc.
Firm/Company

10303 Crown Point Ave
Address

Omaha, NE 68134
City/State and Zip code

Accounting@cas-online.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Blylock at (402) 963-2016
Name of Person 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 TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. CENTRAL ADDRESS SYSTEMS, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. NE (State or country under the law of which it is incorporated) 3. 47-0638232 (FEI number, if applicable)

4. 1980-October-9 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. 6/10/2014 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10303 Crown Point Ave. Omaha NE 68134 (Principal office address)

SAME (Current mailing address)

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

Name: Doug Sauer

Office Address: 10730 SE Jupiter Narrows Dr. Hobe Sound, Florida 33455 (City) (Zip code)

9. 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.

[Handwritten Signature] (Registered agent's signature)

10. 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Michael Garrean

Address: 10303 Crown Point Ave
Omaha NE 68134

Vice Chairman: Kathleen Garrean

Address: 10303 Crown Point Ave
Omaha, NE 68134

Director: John Mataya

Address: 12239 Cuming St.
Omaha, NE 68154

Director: Roxann Tucker

Address: 4432 McKinley St
Omaha, NE 68112

B. OFFICERS

President: Michael Garrean, CEO

Address: 10303 Crown Point Ave
Omaha NE 68134

Vice President: NONE

Address: _____

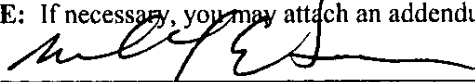
Secretary: Kathleen Garrean

Address: 3518 N 125 Ave, Omaha, NE 68164

Treasurer: Kathleen Garrean

Address: same

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

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.

13. Michael Garrean

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

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AND
FILED

STATE OF NEBRASKA

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United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

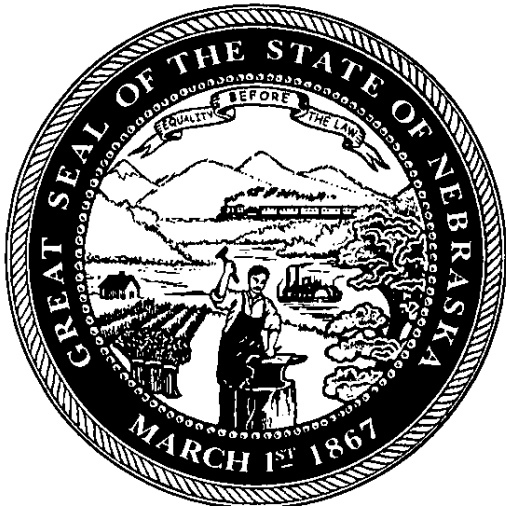
I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

CENTRAL ADDRESS SYSTEMS, INC.,

was duly incorporated under the laws of this state on October 9, 1980 and do
further certify that no occupation taxes assessed are unpaid and no
occupation taxes are delinquent; Articles of Dissolution have not been filed
and said Corporation is in existence as of the date of this certificate.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

July 8, 2014

John A. Gale
Secretary of State