

07/28/2014

10:43

(FAX)813 273 4256

P.001/004

Division of Corporations

Page 1 of 2

Florida Department of State
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.

(((H14000178155 3)))



H140001781553ABC%

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

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN
Account Number : 076077001654
Phone : (813) 273-4229
Fax Number : (813) 273-4396

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLACTAMPA@MACFAR.COM

FOREIGN PROFIT/NONPROFIT CORPORATION
OUTDOOR SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2014 JUL 28 AM 11:31

RF

D

D

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 28 PM 2:32

(((H14000178155 3)))

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. **Outdoor Solutions, Inc.**

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

Flatsgear, Inc.

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

2. **Delaware**

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

3. **38-3926687**

(FEI number, if applicable)

4. **2/21/2014**

(Date of incorporation)

5. **Perpetual**

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

6. **N/A**

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

7. **2850 Scherer Dr. N., Suite 510, Clearwater, FL 33716**

(Principal office address)

2850 Scherer Dr. N., Suite 510, Clearwater, FL 33716

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)Name: **James W. Goodwin**Office Address: **201 N. Franklin St., Ste. 2000****Tampa**

(City)

Florida 33602

(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.

(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.

(((H14000178155 3)))

FILED
2014 JUL 28 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H14000178155 3)))

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

A. DIRECTORS

Chairman: Robert Kinder

Address: 2850 Scherer Dr N Ste 510 Clearwater FL 33716

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert Kinder

Address: 2850 Scherer Dr N Ste 510 Clearwater FL 33716

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Robert Kinder CEO

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

(((H14000178155 3)))

(((H140001781553)))

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OUTDOOR SOLUTIONS, INC." 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 TWENTY-FIFTH DAY OF JULY, A.D. 2014.

5486455 8300

(((H140001781553)))

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1567348

DATE: 07-25-14