F15000001178

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Lisa McCallister Inc		
	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the	
Please return all correspondence concerning this mat	ter to the following:	
Lisa McCallister		
Name o	of Person	
Lisa McCallister Inc		
Firm/Co	ompany	
2315 Barn Swallow Drive		
Ado	fress	
Longmont, CO 80504		
City/State	and Zip code	
LisaMc2016@gmail.com		
E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter, please	e call:	
Lisa McCallister 303	827-3712	
Name of Person Are	a Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301	Tananassee, PL 32314	
Enclosed is a check for the following amount:		
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy ☐ Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION OF THE 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. 15 MAR 18 AM II: 07

, Lisa McCallister Inc.

If name unavail	able in Florida, enter alternate cornorate name	adopted for the purpose of transacting business in Florida)
Colorad	-	27-1205805
	y under the law of which it is incorporated)	(FEI number, if applicable)
11/1/200	9	perpetual
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
3/6/201	5	
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
2315 Bai	rn Swallow Drive, Longn	
	(Principal office add	······································
215 Day	· •	•
COLO Dal	n Swallow Drive. Lonomo	nt. CO 80504
313 Dai	n Swallow Drive, Longmo (Current mailing add	
313 Dai		
		tress)
	(Current mailing add	tress)
Name and <u>stre</u> Name:	(Current mailing add	tress)
Name and stree	(Current mailing add et address of Florida registered agent: (P.C Svetlana Marinskaya	tress)

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.



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

A. DIRECTORS	15 MAR 18 AM 11: 07
Chairman:	
Address:	TALLAHASSEE, FLORIDA
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS President: Lisa McCallister Address: 2315 Barn Swallow Drive	
Longmont, CO 80504	
Vice President:	<u></u>
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the appl	ication listing additional officers and/or directors.
12.	05
Signature of Direct The officer or director signing this document (and who is listed are true and that he or she is aware that false information submathird degree felony as provided for in s.817.155, F.S. Lisa McCallister, President	in number 12 above) affirms that the facts stated herein



15 MAR 18 AM 11:09

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

SECRETARY OF STATE TAILAHASSEE, FLORIDA

CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Lisa McCallister Inc

is a **Corporation** formed or registered on 10/28/2009 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091569940.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/12/2015 that have been posted, and by documents delivered to this office electronically through 03/14/2015 @ 20:56:18.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 03/14/2015 @ 20:56:18 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9124852.



Wayne W. Williams

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."