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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG - 4 2015  
T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

US-Reports, Inc.

**SUBJECT:**

\_\_\_\_\_  
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:

Compliance Department/Nelli Thomas

\_\_\_\_\_  
Name of Person

Burns & Wilcox, Ltd.

\_\_\_\_\_  
Firm/Company

30833 Northwestern Highway, Suite 220

\_\_\_\_\_  
Address

Farmington Hills/MI 48334

\_\_\_\_\_  
City/State and Zip code

nthomas@kaufmanfg.com

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

For further information concerning this matter, please call:

Nelli Thomas, Compliance Manager

248

539-6025

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration 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. US-Reports, 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. Colorado 3. 75-3085812  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/17/2002 5. 10/17/2002  
(Date of incorporation) (Date of duration, if other than perpetual)

6. None.  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5819 Lockheed Avenue, Loveland, CO 80538  
(Principal office address)  
30833 Northwestern Highway, Suite 220, Farmington Hills, MI 48334  
(Current mailing address, if different)

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

Name: Christopher Siegel  
Office Address: 18302 Highwoods Preserve Parkway, Suite 300  
Tampa . Florida 33647  
(City) (Zip code)

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**TALLAHASSEE, FLORIDA**

**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.

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

**A. DIRECTORS**

Chairman: Sieve Hitz

Address: 5819 Lockheed Avenue  
Loveland, CO 80538

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Ryan Hitz

Address: 5819 Lockheed Avenue  
Loveland, CO 80538

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Marilyn A. Heckel

Address: 5819 Lockheed Avenue, Loveland, CO 80538

Treasurer: Daniel T. Muldowney

Address: 5819 Lockheed Avenue, Loveland, CO 80538

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

12. *Daniel Muldowney*  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Daniel T. Muldowney, Treasurer

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

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TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**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,

**US-REPORTS, INC.**

is a **Corporation** formed or registered on 10/17/2002 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 20021288698.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/10/2015 that have been posted, and by documents delivered to this office electronically through 07/13/2015 @ 13:34:52.

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 07/13/2015 @ 13:34:52 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9244749.



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*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's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a 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."*