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



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SECRETARY OF STATE NLLAHASSEE. FLORIDA 7115 ANS 10 AN 11:3

K.SALY EXAMINER AUG 12 2015

COVER LETTER

| TO: New Filing Sec Division of Co | | | · | |
|--|---|---------|--|--|
| SUBJECT: Surv | eillance One, In | C. | ٠ | |
| SOBJECT. | | | - must include suffix | |
| Dear Sir or Madam: | | | | |
| "Certificate of Existen | tion by Foreign Corporation ce," or "Certificate of Good gn corporation to transact b | l Stand | ling" and check are sul | |
| Please return all corres Amy Skiles | pondence concerning this r | natter | to the following: | |
| | Nan | ne of P | erson | · · · · · · · · · · · · · · · · · · · |
| Surveillance (| One, Inc. | | | |
| | Firm | /Comp | pany | |
| 1196 Diamon | d Circle, Suite C | 2 | | |
| Lafayette, CC | 80026-9328 | Addres | | |
| amy.skiles@su | • | tate an | d Zip code | |
| For further information | E-mail address: (to be a concerning this matter, place | | • | notification) |
| Amy Skiles | _{*1} ,72 | 0 | 394-4815 | |
| Name of Perso | | | ode & Daytime Teleph | one Number |
| STREET/COUNTY New Filing Second Division of Concentration Buildin 2661 Executive Tallahassee, Fl | rporations g : Center Circle | | MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F | oction orporations 7 |
| 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 & |

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.

| (If name unavail | able in Florida, enter alternate corporate nan | ne s | adopted for the purpose of transacting busines | ss in Florida) |
|------------------|---|------|--|--|
| Colorado |) | 3. | 84-1563592 | |
| • | y under the law of which it is incorporated) | | (FEI number, if applicable) | |
| 10/19/20 | 00 | 5. | Perpetual | |
| (Date | of incorporation) | | (Duration: Year corp. will cease to exist or | "perpetual") |
| Upon K | egistration | | | |
| 1 | | | Florida, if prior to registration) 02, F.S., to determine penalty liability) | |
| 1196 Diar | nond Circle, Suite Q, Laf | | | |
| 1100 Biai | (Principal office a | | | |
| 1196 Dian | nond Circle, Suite Q, Lafay | | • | |
| | (Current mailing a | | · | 50 B |
| | | | | SECRET |
| Name and street | <u>et address</u> of Florida registered agent: (l | P.C | D. Box <u>NOT</u> acceptable) | HASS |
| Name: | InCorp Services, Inc. | | | The same of the sa |
| ffice Address: | 17888 67th Court North | า | | OF STATE |
| | Loxahatchee | | Florida 33470 | 昌 |
| | | | | |

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: | ZOIS AUG 10 AM 11: 35 |
|---|--|
| A. DIRECTORS | 2015 4112 |
| Chairman: David Wallace | AMIL O AMIL |
| Address: 1712 Weston Circle, Erie, CO 80516 | TALLAHASSEE, FLORIDA |
| | SEE, FLORIDA |
| Vice Chairman: David Wallace | |
| Address: 1712 Weston Circle, Erie, CO 80516 | |
| David Wallace | |
| Address: 1712 Weston Circle, Erie, CO 80516 | |
| David Wallace | |
| Address: 1712 Weston Circle, Erie, CO 80516 | |
| B. OFFICERS President: David Wallace | |
| Address: 1712 Weston Circle, Erie, CO 80516 | |
| Vice President: David Wallace | |
| Address: 1712 Weston Circle, Erie, CO 80516 | |
| Secretary: David Wallace | |
| Address: 1712 Weston Circle, Erie, CO 80516 | |
| Treasurer: David Wallace | |
| Address: 1712 Weston Circle, Erie, CO 80516 | |
| NOTE: If necessary, you may attach an addendum to the application listing ac | dditional officers and/or directors. |
| Signature of Director or Officer | 1 > - CC 11 |
| The officer or director signing this document (and who is listed in number 12 a | bove) affirms that the facts stated herein |

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.

FILED
2015 AUG 10 AM 11: 35
FALLAHASSEE, FLORIDE

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

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

SURVEILLANCE ONE, INC.

is a **Corporation** formed or registered on 10/19/2000 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 20001203297.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/14/2015 that have been posted, and by documents delivered to this office electronically through 07/15/2015 @ 14:41:22.

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 07/15/2015 @ 14:41:22 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9247463.



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/bi=/Certificate-SearchCriteria_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."