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SCURETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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TO: Registration Section			e e e e e e e e e e e e e e e e	to the same of the time of time of the time of time of the time of tim
Division of Corporation	ns			
	Color	ado 181,	Inc	- 101 - 411 - 11
SUBJECT:	Name of corner	ation n	ust include suffix	
	Name of corpora	ation - !I	iust include surfix	
Dear Sir or Madam:				•
The enclosed "Application by "Certificate of Existence," or "above referenced foreign corporate to the company of the corporate to the corpora	Certificate of Good	Standin	g" and check are sub	ct Business in Florida," omitted to register the
Please return all correspondence	ce concerning this m	atter to	the following:	
Brigette Harms	C			
		e of Per	son .	
Advocate Consulting Legal Grou	p, PLLC	-		
	Firm/	Compar	у	
1300 N Westshore Blvd; Ste 220-	<i>:</i>	-		
		dalagag		
T EL 22607	A	ddress		
Tampa, FL 33607		·	•	
	City/Sta	ate and	Zip code	
brigetteh@advocatetax.com				
E-m	ail address: (to be u	sed for	uture annual report	notification)
For further information concer	ning this matter, ple	ase call:		
Brigette Harms	23	۵	213-0066	
	at (-		
Name of Person	Area	Code	Daytime Telep	hone Number
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons · Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for the follower				
	78.75 Filing Fee & Certificate of Status		78.75 Filing Fee & ertified Copy	S87.50 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 unavails	uble in Florida, enter alternate corporate name a	adopted for the purpose of transacting	business in Florida)	-
Colorado 2.	3.	47-1123010		
(State or countr	y under the law of which it is incorporated)	f) (FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		_
6.				_
5150 Tamiami Tr		Florida, if prior to registration) 502, F.S., to determine penalty liability	()	
7		nal office address)		_
	(Finicip	al office address)		
Name and street	(Current mailing)	ng address, if different) D. Box. NOT acceptable)	15 SEP 2	P And Starting by
o. Manie and <u>errer</u>	JANA SOBOTOVA		9 AM	
Name:				
	5150 Tamiami Trail North, Suite 503		65 6	
Name: Office Address:	Naples	, Florida	8: STATE LORIDA	O
	Nanles	, Florida	8: STATE LORIDA	

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: ___ Vice Chairman: Director: ភ Address: **B. OFFICERS** Jana Sobotova President: 5150 Tamiami Trail North, Suite 503 Naples, FL 34103 Vice President: Address: ____ Secretary: __ Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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,

Colorado 181, Inc.

is a Corporation formed or registered on 06/17/2014 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 20141368456.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/17/2015 that have been posted, and by documents delivered to this office electronically through 09/18/2015 @ 14:58:31.

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 09/18/2015 @ 14:58:31 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9309787.



Mayor Williams

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/bit/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."