

FI 000002537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

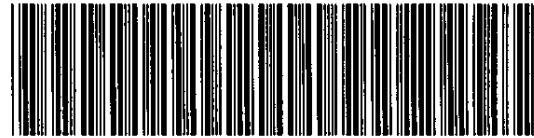
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

447



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2017

GREG HIATT
6149 N MEEKER PL SUITE 250
BOISE, ID 83713

SUBJECT: ALERTSENSE, INC.
Ref. Number: W17000044049

We have received your document for ALERTSENSE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 117A00010402

2017 JUN -5 PM 3:45

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALERTSENSE, INC.
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:

GREG HIATT
Name of Person

ALERTSENSE, INC
Firm/Company

6149 N MEEKER PLACE STE 250 ~~75~~
Address

BOISE IDAHO 83713
City/State and Zip code

AP @ ALERTSENSE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG HIATT at (208) 639 6759
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. Alect Sense, 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. Idaho 3. 82-0515474
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5-10-1999 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 6149 N MEEKER PL STE 250 BOISE IDAHO 83713
(Principal office address)

6149 N MEEKER PL STE 250 BOISE IDAHO 83713
(Current mailing address)

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

Name: Incorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

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TALLAHASSEE, FLORIDA
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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.

[Signature] on behalf of Incorp Services, Inc.
(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: VON HANSEN

Address: 435 E SHORE DR STE 210
EAGLE IDAHO 83616

Vice Chairman: _____

Address: _____

Director: BLAKE HANSEN

Address: 435 E SHORE DR STE 210
EAGLE IDAHO 83616

Director: PAM GABRIEL

Address: 3784 ROCK GARDEN LANE
BOISE IDAHO 83714

B. OFFICERS

President: VON HANSEN

Address: 435 E SHORE DR STE 210
EAGLE IDAHO 83616

Vice President: _____

Address: _____

Secretary: MARK RAWLINGS

Address: 6149 N MEEKER PLACE STE 250 BOISE IDAHO 83713

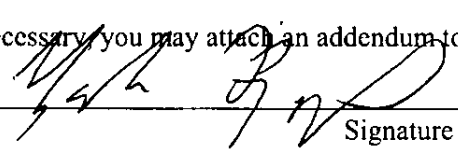
Treasurer: _____

Address: _____

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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 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. MARK RAWLINGS, CHIEF FINANCIAL OFFICER

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



6149 N. Meeker Place, Suite 250
Boise, ID 83713
(208) 639-6756

Directors

Director	Steve Young	906 N Pollard Lane	Star	ID	83669
Director	Bob Watson	4300 Los Altos Dr	Meridian	ID	83642

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

ALERTSENSE, INC.

File Number C-128824

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named corporation was incorporated under the laws of Idaho on 5/10/1999.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: 5/17/2017 1:20 PM



A handwritten signature in black ink, appearing to read "Lawrence Denney".

SECRETARY OF STATE

Authentic Access Idaho Document (<http://www.accessidaho.org/public/portal/authenticate.html>)
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