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D. SCOTT DEC 1 5 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Frankie Friend & Associates, Inc.				
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact busine	ding" and check are submitted to register the			
Please return all correspondence concerning this matter	to the following:			
Gary Ryals				
Name of I	Person			
Frankie Friend & Associates, Inc.				
Firm/Com	pany			
2305 E. Arapahoe Rd., Ste 132	- ii :			
Addre	ss			
Centennial, CO 80122	-			
City/State and Zip code ~ >				
gnryals@frankiefriend.com				
E-mail address: (to be used f	or future annual report notification)			
For further information concerning this matter, please c	all:			
Gary Ryals at (_303	_) _768-8577			
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:				
S \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee. Certified Copy Certified Copy  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. Frankie Friend	d & Associates, Inc.				
(Enter name of c	corporation; must include "INCORPORATED," Corp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATIO	",/AC		
(If name upavail	able in Florida, enter alternate corporate name ac	lanted for the purpose of transcent	ina kasia	as in Elec	: da \
2. Colorado	3.	01.12.400.71	ing busine	ss in Pior	iga)
	ry under the law of which it is incorporated)	(FEI number, if applicable)			
4. November 16	5. 1993		••		
(Date of incorporation) (Date of duration, if o		er than per	petual)		
6. November 24	. 2017				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		ility)		
7. 2305 E. Arapah	oe Rd., Ste 132, Centennial, CO 80122			<u>: :</u>	
(Principal office address)			-13	•	
		<u> </u>			
	(Current mailing	address, if different)	•	>	
8. Name and street	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	r	===	٠.
Name:	Bruce B. Hubbard		•	200	
Office Address:	135 Office Plaza Dr. 1st Fl.	<del></del>			
	Tallahassee	Florida32301			
	(City)	(Zip code)			

#### 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.

Bruce B. Hubbard, President (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; Ms. Frankie Friend 2305 E. Arapahoe Rd., Ste 132, Centennial, CO 80122 Vice Chairman: Address: \_\_\_\_ Director: \_\_ Address: \_\_ Director: **B. OFFICERS** President: Ms. Frankie Friend Address: 2305 E. Arapahoe Rd., Ste 132, Centennial, CO 80122 Vice President: Address: \_\_\_\_\_ 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.

13. Frankie Friend, President

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

# CERTIFICATE OF FACT OF GOOD STANDING

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

FRANKIE FRIEND & ASSOCIATES, INC.

#### is a

#### Corporation

formed or registered on 11/16/1993 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 19931129200.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/07/2017 that have been posted, and by documents delivered to this office electronically through 12/12/2017 @ 13:08:23 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/12/2017 @ 13:08:23 in accordance with applicable law. This certificate is assigned Confirmation Number 10599267



Secretary of State of the State of Colorado

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

Satises: 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 Validate a Certificate page of the Secretary of State's Web site, http://www.wis.state.co.ux/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.sov.state.co.us' click "Businesses, iridemarks, iride names" and select "Frequently Asked Ouestions,"