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| (Re                                     | questor's Name)   |             |  |  |
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| (City/State/Zip/Phone #)                |                   |             |  |  |
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| (Bu                                     | siness Entity Nar | ne)         |  |  |
| (Document Number)                       |                   |             |  |  |
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2020

SUSAN AIRD 5445 DTC PARKWAY/P4 GREENWOOD VILLAGE, CO 80111 US

SUBJECT: APPLIED COMPUTER SERVICES, INC.

Ref. Number: 'V 20000026261.

We have received your document for APPLIED COMPUTER SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

Please return 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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 820A00005406

#0 rew filing

850-245

Annual Report

Foreign qualification dept

MIN 2021

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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |                 |  |  |
|--|-----------------|--|--|
| SUBJECT: APPLIED COMPUTER SERVIC   | ES, INC.        |  |  |
|  | orporation - m  | nust include suffix  |  |
| Dear Sir or Madam:   |                 |  |  |
| The enclosed "Application by Foreign Corpor "Certificate of Existence," or "Certificate of Cabove referenced foreign corporation to transc             | Good Standin    | g" and check are submitted to regi   |  |
| Please return all correspondence concerning to   | his matter to   | the following:   |  |
| SUSAN AIRD   |                 |  |  |
|  | Name of Pen     | son  |  |
| APPLIED COMPUTER SERVICES, INC.  |                 |  |  |
| !  | Firm/Compar     | ny   | <del></del>                                |
| 5445 DTC PARKWAY / P4  |                 |  | 7  |
|  | Address         |  | 720  |
| GREENWOOD VILLAGE, CO 80111  |                 |  | 273<br>272                                 |
| Ci   | ity/State and 2 | Zip code   | ω  |
| saird@acsco.com  |                 |  | J.   |
| E-mail address: (to  | be used for f   | future annual report notification)   | 14: 2                                      |
| For further information concerning this matte  | r, please call: |  | 21   |
| SUSAN AIRD at (  | 303             | 220-0130   |  |
|  | Area Code       | Daytime Telephone Number   |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |                 | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 |  |
| Enclosed is a check for the following amount Please make check payable to: FLORIDA DEPA  \$70.00 Filing Fee  | RTMENT OF       | 78.75 Filing Fee & S87.50<br>ertified Copy Certified   | Filing Fee,<br>cate of Status &<br>ed 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.

| (Enter name of c | IPUTER SERVICES, INC. orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")                   | ," "COMPANY," "CORPORATION,"              |                                   |
|------------------|---|---|-----------------------------------|
| APPLIED COM      | IPUTER SERVICES, INC.   |   |                                   |
| (If name unavail | able in Florida, enter alternate corporate name   | adopted for the purpose of transacting bu | isiness in Florida)               |
| COLORADO, U      | JSA 3   | 06-1094789                                |                                   |
| (State or countr | y under the law of which it is incorporated)  | (FEI number, if applic                    | able)                             |
| 12/6/1983        | 5   | PERPETUAL                                 |                                   |
| (Date            | of incorporation) 5   | (Date of duration, if other than          | perpetual)                        |
| 2/1/2019         |   |   |                                   |
|                  | ·   | fice <u>street</u> address)               |                                   |
|                  | (Current mail:  | ng address, if different)                 |                                   |
| Name and street  | et address of Florida registered agent: (P.   | O. Box <u>NOT</u> acceptable)             | .2(                               |
| Name:            | JEFF WEINMANN   |   | 2020 AT L                         |
| fice Address:    | 8290 Matisse St Apt 3208  |   | <del>.</del><br>د                 |
|                  | Championsgate   | , Florida 33896                           | <del></del>                       |
|                  | (City)  | (Zip code)                                |                                   |
| laving been nam  | ent's acceptance:<br>ned as registered agent and to accept serv<br>s application, I hereby accept the appoint | vice of process for the above stated co   | $\stackrel{	extstyle \sim}{\sim}$ |

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.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

| A. DIRECTORS    | <i>c</i>   | •                          |                                       |
|-----------------|--|----------------------------|---------------------------------------|
| ■Chairman       | Name:  | Chairman                   | Name: SUSAN AIRD                      |
| □Vice Chairman  | Address:   | ■ Vice Chairman            | Address: 5445 DTC PKWY / P4           |
| Director        | GREENWOOD VILLAGE, CO 80111  | Director                   | GREENWOOD VILLAGE, CO 80111           |
| ■ President     |  | □President                 |                                       |
| □Vice President |  | ■ Vice President           |                                       |
| ☐ Secretary     | ☐ Treasurer  | Secretary                  | ■ Treasurer                           |
| Other           | Other  | □Other                     | ☐ Other                               |
| □Chairman       | Name:  | □Chairman                  | Name:                                 |
| □Vice Chairman  | Address:   | ☐ Vice Chairman            | Address:                              |
| □Director       |  | □Director                  | · · · · · · · · · · · · · · · · · · · |
| □President      |  | □President                 |                                       |
| □Vice President |  | □Vice President            | ·····                                 |
| ☐ Secretary     | ☐Treasurer   | Secretary                  | □ Treasurer                           |
| □Other          | Other  | Other                      | Other                                 |
| □ Chairman      | Name:  | □ Chairman                 | Name:                                 |
| □Vice Chairman  | Address:   | □Vice Chairman             | Address: 20                           |
| □Director       |  | □Director                  | 7.                                    |
| □President      |  | President                  | ا<br>ن                                |
| □Vice President |  | □ Vice President           |                                       |
| □ Secretary     | □Treasurer   | □Secretary                 | ☐Treasurer N                          |
| Other           | Other  | Other                      | Other                                 |
|                 | Use an attachment to report more than six (6). The added to the index when filing your Florida Den | Artment of State Annual Re | eport form.                           |
| 12.             |  |                            |                                       |

13. SUSAN AIRD VP

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

### CERTIFICATE OF DOCUMENT FILED

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Report

with Document # 20191630044 of APPLIED COMPUTER SERVICES, INC.

Colorado Corporation

(Entity ID # 19951137435)

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/03/2020 that have been posted, and by documents delivered to this office electronically through 03/04/2020@ 10:39:31.

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 03/04/2020 @ 10:39:31 in accordance with applicable law. This certificate is assigned Confirmation Number 12127211



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 Validate a Certificate 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 "Businesses, trademarks, trade names" and select "Frequently Asked Questions."