# F2000001955

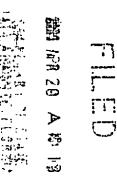
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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### **COVER LETTER**

	ration Section on of Corporations	<b>;</b>			
	Churchill Navigatio				
SUBJECT.	<u> </u>	Name of corporation	n - must include suffi.	x	
Dear Sir or Ma	adam:				
"Certificate of	Existence," or "C		anding" and check are	nsact Business in Florida," submitted to register the	
Please return a	Il correspondence	concerning this matt	er to the following:		
Amy Ash					
	-	Name (	of Person		
Churchill Navig	gation Inc.				
		Firm/Co	ompany		
5660 Airport B	lvd. Suite 101				
<del></del>		Ade	iress		
Boulder, CO 8	0301				
<del></del>		City/State	and Zip code		
accounting@ch	urchillnavigation.co	m			
	E-ma	I address: (to be use	d for future annual rep	ort notification)	
For further inf	ormation concerni	ng this matter, please	e call:		
Amy Ash		720	744-3300 ext. 310	) 744-3300 ext. 310 e Daytime Telephone Number	
Name	of Person	Area Co	xde Daytime To	elephone Number	
Regis Divisi The C 2415	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration of P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make ch	ng Fee 🔲 \$78	wing amount: PRIDA DEPARTMER 3.75 Filing Fee & rtificate of Status	NT OF STATE  \$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.

Churchill Naviga	ation Inc.		
	orporation: must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATI	ION,"
(If name unavaila	ible in Florida, enter alternate corporate name ado	pted for the purpose of transac	eting business in Florida)
Colorado	3 41	3. 41-2162179	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
1/1/2005	5.		
(Date	of incorporation) 5	(Date of duration, if oth	er than perpetual)
2/16/2019			
1.1.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		hility)
5660 Airport Blve	1. Suite 101 Boulder, CO 80301		•
	(Principal office	straat address!	
		ser cet awares,	
	(Timepar office)	ser cec addressy	
		ddress, if different)	
Name and stree		ddress, if different)	
	(Current mailing a	ddress, if different)	
Name and stree	(Current mailing a et address of Florida registered agent: (P.O. E	ddress, if different)	
Name:	(Current mailing a	ddress, if different)	Steak 26
Name:	(Current mailing a et address of Florida registered agent: (P.O. E Erin Sperling  2671 Las Calilnas Blvd.	ddress, if different)  Box NOT acceptable)	
Name:	(Current mailing a et address of Florida registered agent: (P.O. E Erin Sperling  2671 Las Calilnas Blvd.	ddress, if different)  Box NOT acceptable)	20 A
Name:	(Current mailing a et address of Florida registered agent: (P.O. E Erin Sperling  2671 Las Calilnas Blvd.  St. Augustine  (City)	ddress, if different)  Box NOT acceptable) , Florida 32095	20 A B L
Name:  Office Address:  Registered ag	(Current mailing a et address of Florida registered agent: (P.O. E Erin Sperling  2671 Las Calilnas Blvd.  St. Augustine  (City)	ddress, if different)  Box NOT acceptable) , Florida 32095 (Zip code)	ZO A D N
Name:  ffice Address:  Registered ag	(Current mailing a et address of Florida registered agent: (P.O. E Erin Sperling  2671 Las Calilnas Blvd.  St. Augustine  (City)  ent's acceptance:  ded as registered agent and to accept service	ddress, if different)  Box NOT acceptable) , Florida \frac{32095}{(Zip code)}  of process for the above sta	ated corporation at the pl
Name: ffice Address:  Registered aglaving been namesignated in this	(Current mailing a et address of Florida registered agent: (P.O. E Erin Sperling  2671 Las Calilnas Blvd.  St. Augustine  (City)  ent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relations.	ddress, if different)  Box NOT acceptable) , Florida  , Florida   (Zip code)  of process for the above state as registered agent and a tive to the proper and comp	ated corporation at the plagree to act in this capaci
Name: ffice Address:  Registered aglaving been namesignated in this	(Current mailing a set address of Florida registered agent: (P.O. E Erin Sperling  2671 Las Calilnas Blvd.  St. Augustine  (City)  ent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointment	ddress, if different)  Box NOT acceptable) , Florida  , Florida   (Zip code)  of process for the above state as registered agent and a tive to the proper and comp	ated corporation at the plagree to act in this capaci
Name:  Office Address:  Registered againg been namesignated in this orthogonality in the contraction of the	(Current mailing a et address of Florida registered agent: (P.O. E Erin Sperling  2671 Las Calilnas Blvd.  St. Augustine  (City)  ent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relations.	ddress, if different)  Box NOT acceptable) , Florida  , Florida   (Zip code)  of process for the above state as registered agent and a tive to the proper and comp	ated corporation at the plagree to act in this capaci
Name: ffice Address:  Registered aglaving been namesignated in this	Current mailing a set address of Florida registered agent: (P.O. E Erin Sperling  2671 Las Calilnas Blvd.  St. Augustine  (City)  ent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relative with and accept the obligations of my positions.	ddress, if different)  Box NOT acceptable)  Florida 32095  (Zip code)  of process for the above state as registered agent and a tive to the proper and compon as registered agent.	ated corporation at the plagree to act in this capacitate performance of my
Name: Office Address:  Registered againg been namesignated in this wither agree to c	(Current mailing a et address of Florida registered agent: (P.O. E Erin Sperling  2671 Las Calilnas Blvd.  St. Augustine  (City)  ent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relations.	ddress, if different)  Box NOT acceptable)  Florida 32095  (Zip code)  of process for the above state as registered agent and a tive to the proper and compon as registered agent.	ated corporation at the plagree to act in this capacitate performance of my

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS
Chairman: Tun (HUDCKILL
Address: 5660 RIRPORT BLUD, SUITE 101, BOULDER CO 80301
Vice Chairman: Susian Municipal
Address: 5660 AIRPORT BOUD, SuITE 101, BOULDER CO 30301
Address:
Director:
Address:
Director:
Address:
President: Tom CHUPCHIC.  Address: 5660 RIRPORT BLUD, SUITE 101, BOLLBER, 10, 2030;  Vice President: Lucan (HURCHIC.  Address: 5660 AIRPORT BLUD, SUITE 101, BOLDDER, CO 8030)
Secretary:
Address:
Treasurer:
Address:
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 FICON CHESCHICE - CFO

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

11. Names and business addresses of officers and/or directors:

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

#### CERTIFICATE OF DOCUMENT FILED

1. 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 # 20191841090 of Churchill Navigation Inc.

Colorado Corporation

(Entity ID # 20041448827 )

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/25/2020 that have been posted, and by documents delivered to this office electronically through 02/26/2020@ 12:06:22.

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 02/26/2020 @ 12:06:22 in accordance with applicable law. This certificate is assigned Confirmation Number 12111826



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 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"