# F20000003914

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

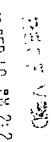
Office Use Only



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10 F. 11: 57

2800 SEP 10 TM 2





### CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 4146,76 / 4803290

AUTHORIZATION: STREET CENTRAL

COST LIMIT : \$ 87.50

\_\_\_\_\_

ORDER DATE: September 9, 2020

ORDER TIME : 12:57 PM

ORDER NO. : 414676-010

CUSTOMER NO: 4803290

\_\_\_\_\_

#### FOREIGN FILINGS

NAME: AH&N HOLDCO, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

2020 5.17 10 177 11:5

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AH&N Holdco, Inc.	
Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing and check are submitted to register the
Please return all correspondence concerning this matter t	to the following:
William Weldon	
Name of P	erson
AH&N Holdeo, Inc.	
Firm/Comp	pany
2809 E Harmony Road, #190	
Addres	ss
Fort Collins, CO 80528	
City/State an	nd Zip code
weweldon@pspahn.com	
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please ca	all:
William Weldon	997-1516
Name of Person Area Code	997-1516 Daytime Telephone Number
. vaine of t orson	Daytime Telephone Number  MAILING ADDRESS:
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT  \$70.00 Filing Fee  \$78.75 Filing Fee & Certificate of Status	Cof STATE  □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, 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.

Enter name of co	orporation; must include "INCORPORATED," "	COMPANY," "CORPORATION,"
Inc.," "Co.," Co	orp," "Inc," "Co," or "Corp.")	
If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florid
Delaware	3.	4-3448497
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
October 21, 201	9 5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in F	lorida, if prior to registration)
	(SEE SECTIONS 607.1501 & 607.150)	florida, if prior to registration) 2, F.S., to determine penalty liability)
2809 E Harmony	(SEE SECTIONS 607.1501 & 607.1501 Road, #190, Fort Collins, CO 80528	2, F.S., to determine penalty liability)
809 E Harmony	(SEE SECTIONS 607.1501 & 607.150)	2, F.S., to determine penalty liability)
809 E Harmony	(SEE SECTIONS 607.1501 & 607.1502 Road, #190, Fort Collins, CO 80528 (Principal office	2, F.S., to determine penalty liability)  street address)
809 E Harmony	(SEE SECTIONS 607.1501 & 607.1502 Road, #190, Fort Collins, CO 80528 (Principal office	street address)  address, if different)
	(SEE SECTIONS 607.1501 & 607.1502  Road, #190, Fort Collins, CO 80528  (Principal office  (Current mailing	2, F.S., to determine penalty liability)  street address)  address, if different)
	(SEE SECTIONS 607.1501 & 607.1502  Road, #190, Fort Collins, CO 80528  (Principal office  (Current mailing)  et address of Florida registered agent: (P.O.	2, F.S., to determine penalty liability)  street address)  address. if different)  Box NOT acceptable)
	(SEE SECTIONS 607.1501 & 607.1502  Road, #190, Fort Collins, CO 80528  (Principal office  (Current mailing	address. if different)  Box NOT acceptable)
Name and <u>stre</u> Name:	(SEE SECTIONS 607.1501 & 607.1502  Road, #190, Fort Collins, CO 80528  (Principal office  (Current mailing)  et address of Florida registered agent: (P.O.	address. if different)  Box NOT acceptable)
Name and <u>stre</u>	(SEE SECTIONS 607.1501 & 607.1502  Road, #190, Fort Collins, CO 80528  (Principal office  (Current mailing  et address of Florida registered agent: (P.O.  Corporation Service Company	2, F.S., to determine penalty liability)  street address)  address. if different)  Box NOT acceptable)

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.

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.

#### A. DIRECTORS William Weldon Spencer Swayze Name: □Chairman Name: □ Chairman 2809 E Harmony Road One Franklin Parkway Address: ☐ Vice Chairman □Vice Chairman Address: #190 Building 910, Suite 120 ■Director ■ Director Fort Collins, CO 80528 San Mateo, CA 94403 □ President President ☐ Vice President ☐ Vice President \_\_\_ □Treasurer □ Secretary ■Treasurer ■ Secretary ■Other CEO □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ Richard Shuler □Chairman Name: Chairman Address: \_\_\_\_\_ One Franklin Parkway □ Vice Chairman Address: \_ □ Vice Chairman Building 910, Suite 120 Building 910, Suite 120 ■ Director ■ Director San Mateo, CA 94403 San Mateo, CA 94403 □ President □ President ☐ Vice President □Vice President \_\_\_\_ ☐Treasurer □ Secretary □ Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_ \_ \_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_ Rick Greubel □ Chairman Name: □ Chairman Address: \_\_\_\_ One Franklin Parkway □ Vice Chairman ☐ Vice Chairman Address: Building 910, Suite 120 Building 910, Suite 120 Director Director San Matco, CA 94403 San Mateo, CA 94403 □President □ President

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

□ Vice President

Other \_\_\_\_\_

□ Secretary

☐ Treasurer

□()ther

12 Will Will

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.

William Weldon, CEO

□ Vice President

□ Secretary

□Treasurer

□Other \_\_\_\_\_

A. DIRECTORS Lin Ouyang Leander van der Walt □ Chairman Name: Name: □ Chairman One Franklin Parkway 1300 Kaw Valley Road Address: \_ □ Vice Chairman Address: □ Vice Chainnan Building 910, Suite 120 Wamego, KS 66547 Director ■ Director San Mateo, CA 94403 □ President □President □ Vice President □ Vice President □Treasurer □Secretary □ Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Eithna O'Leary Name: \_\_\_\_\_ □ Chairman Name: ☐ Chairman 36 Fitzwilliam Square Address: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Dublin □Director Director Ireland D02 FH50 □President □ President ☐ Vice President □ Vice President □Treasurer □ Secretary □Treasurer ☐ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_\_ Daniel May Name: \_\_\_\_\_ □ Chairman Name: Chairman 2626 East Long Drive □ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: \_ Greenwood Village, CO 80121 □ Director ■ Director □ President President □ Vice President □ Vice President \_\_\_ ☐Treasurer .... □ Secretary ☐Treasurer □ Secretary □Other \_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Will Wille 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.

William Weldon, CEO





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AH&N HOLDCO, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AHEN HOLDCO, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 203629536

Date: 09-10-20

7650921 8300 SR# 20207200182