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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

21 JAH - 4 AM A:

FOREIGN PROFIT/NONPROFIT CORPORATION Nexwest Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00



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.

ic.		
orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")		
	siness in Florida)	
Colorado 3.		
y under the law of which it is incorporated) (FEI number, if applications)	able)	
	pemetual)	
of incorporation) (Date of duration, if other than	perperauly	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
lantic Ave #2307 New Smyrna Beach FI 32169		
(Principal office street address)		
ntic Ave #2307 New Smyrna Beach FL 32169		
(Current maining audiess, it different)	···	
et address of Florida registered agent: (P.O. Box NOT acceptable)	:	
	•	
(City) (Zip code)	. ,	
gent's acceptance: med as registered agent and to accept service of process for the above stated of is application, I hereby accept the appointment as registered agent and agree of comply with the provisions of all statutes relative to the proper and complete part with and accept the obligations of my position as registered agent.	to act to top cabacity .	
	proporation; must include "INCORPORATED," "COMPANY," "CORPORATION," prp," "Inc," "Co," or "Corp.") ble in Florida, enter alternate corporate name adopted for the purpose of transacting but a see that the law of which it is incorporated) (FEI number, if applied to fincorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) lantic Ave #2307 New Smyrna Beach FI 32169 (Principal office street address) (Principal office street address) Intic Ave #2307 New Smyrna Beach FL 32169 (Current mailing address, if different) Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) St. Petersburg (City) Florida 33702 (City) St. Petersburg (City) Florida Florida registered agent and to accept service of process for the above stated constant of the proper and complete promptly with the proprisions of all statutes relative to the proper and complete process.	

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							
☐Chairman	Name: Michael S. Richardson	□ Chairman	Name:				
□Vice Chairman	Address: 5300 South Atlantic Ave	□Vice Chairman	Address:				
© Director	Unit 2-307	□Director					
☐ President	New Smyrna FL 32169	□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	Vame:				
		□Vice Chairman		- -	•		
	Address:	_	Addiess				
□Director		□Director					
□President		□President					
□Vice President		☐ Vice President					
□ Secretary	□Treasurer	☐ Secretary		□Treasurer			
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. 12. Signature of Director or Officer.							

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. Michael S. Richardson Director

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

NEXWEST INC.

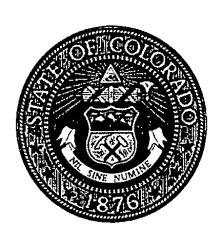
is a

Corporation

formed or registered on 03/15/1989 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 19891020239.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/23/2020 that have been posted, and by documents delivered to this office electronically through 12/28/2020 @ 14:28:09.

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 12/28/2020 @ 14:28:09 in accordance with applicable law. This certificate is assigned Confirmation Number 12811640



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.vos.xtate.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 applicated in not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.vos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."