(Requestor's Name)				
(Address)				
(Ac	idress)			
(Ci	ty/State/Zip/Phone	#)		
		MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
H121-6	0ffice Use Onl	9		



04/16/21--01022--025 **78.75

FILED 2021 HAY 25 PM I: 41 SCOTTO SEE STATE





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2021

ARIES BUILDING SYSTEMS, LLC 12600 N. FEATHERWOOD DR., STE. 450 HOUSTIN, TX 77034

SUBJECT: ADVANCED MODULAR SPACE, INC. Ref. Number: W21000062536

We have received your document for ADVANCED MODULAR SPACE, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes Regulatory II

Letter Number: 021A00009540

COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: _____ Advanced Modular Space, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

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The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alicia J. Sundermeyer

	Name	of Person	······································
Aries Building Systems, LLC			
	Firm/C	ompany	
12600 N. Featherwood Dr., Ste. 45	0		
	Ad	dress	
Houston, TX 77034			
	City/State	e and Zip code	<u>_</u>
asundermeyer@ariesbuildings.com	1		
E-ma	il address: (to be use	d for future annual report	notification)
For further information concerni	ing this matter, pleas	e call:	
Alicia J. Sundermeyer	at (221-3260	
Name of Person	Area C	ode Daytime Tele	phone Number
STREET/COURIER A	ADDRESS:		ADDRESS:
Registration Section Division of Corporation	\$	Registration	Corporations
The Centre of Tallahass		P.O. Box 63	
2415 N. Monroe Street, Tallahassee, FL 32303	Suite 810	Tallahassee,	FL 32314
Enclosed is a check for the follo Please make check payable to: FLC		NT OF STATE	
□ \$70.00 Filing Fee ■ \$78	8.75 Filing Fee & rtificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 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.

Advanced Modular Space, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Florida, enter alternate corporate name ad	opted for the purpose of transacting busi	ness in Florida)	
3 8	4-1236310		
r the law of which it is incorporated)	(FEl number, if applicable)		
prporation)	(Date of duration, if other than perpetual)		
(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502) 25	lorida, if prior to registration) 2, F.S., to determine penalty liability)		
(Principal office	street address)		
(Current mailing	address, if different)		
ess of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)		
PORATION SERVICE COMPANY		··· 20	
HAYS STREET		२०२१ म४४ ३०२१ म४४	
LAHASSEE	, Florida 32301	W 25	
(City)	(Zip code)		
2	ss of Florida registered agent: (P.O. I PORATION SERVICE COMPANY HAYS STREET LAHASSEE	HAYS STREET LAHASSEE , Florida 32301 (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.

(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.

A. DIRECTORS

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□Chairman	Michael Roman Name:	Chairman	Name:
□Vice Chairman	Address: 2900 S Quincy St., Ste. 425	□Vice Chairman	Address:
Director	Arlington, VA 22206	Director	
President		□President	
□Vice President		□Vice Presidem	
□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	
□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	DTreasurer
□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. /s/Michael Roman

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 \$.817.155, F.S.

13. Michael Roman

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.

ADVANCED MODULAR SPACE INC.

is a

Corporation

formed or registered on 07/09/1993 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 19931071082.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/09/2021 that have been posted, and by documents delivered to this office electronically through 04/12/2021 @ 09:22:00.

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 04/12/2021 @ 09:22:00 in accordance with applicable law. This certificate is assigned Confirmation Number 13088951



novall

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. <u>Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate</u>. For more information, visit our Web site, http:// www.sos.state.co.us/check/"Businesses, trademarks, trade names" and select "Frequently Asked Questionsy".