

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (6) | 10 | - 40 |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |





900374008699

10/12/21-: 01030: -007 | **87.50





COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: ALPINE SECON | ZITHES CORPORATION |
| Name of corporation - | must include suffix |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for At "Certificate of Existence," or "Certificate of Good Standinabove referenced foreign corporation to transact business | ng" and check are submitted to register the |
| Please return all correspondence concerning this matter to | • |
| PAY WARATEA Name of Pe | |
| Name of Pe | rson |
| | |
| ALANE SEWETTES Firm/Compa | ny |
| _ | |
| 39 EXCHAGE PLCE Address | |
| | |
| SALT LAKE CITY City/State and | <u>UT 84111</u> |
| | |
| PWARATEAC ALP | future annual report notification) |
| E-mail address. (to be used for | ruture annual report notification) |
| For further information concerning this matter, please call | : |
| , | |
| LINCOLD EGGETT at (801) | 320-1341 |
| Name of Person 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: ** Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| | F STATE 178.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

| (If name unavail | | · | | · |
|---------------------|---------------------------------------|--|--------------------------------------|-------------------------|
| 2. (State or countr | ry under the law of which it is inco | 3 | 87 - 040387 (FEI number, if appli | icable) |
| | | 5. [Date of duration, if other than perpetual) | | |
| 5 NOT | APPLICABLE- | | | |
| 739_1 | (SEE SECTIONS 607.1 EXCHAIGE PLACE | | F.S., to determine penalty liability | 84111 |
| | | | | 20211 |
| | | | dress, if different) | 2021 (2)7 12 |
| | | Current mailing ad | dress, if different) | 2021 (C) T 12 PM 12: 26 |

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 tuly 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 Name: PAY WARATEA □Chairman □ Chairman Address: ____ □Vice Chairman Address: 39 Except 16 R. □ Vice Chairman SK UT 84111 □ Director □ Director □President □President □ Vice President _______ ☐ Vice President □ Secretary □ Secretary □ Treasurer □Treasurer DOINER CEO □Other _____ □Other _____ ☐Other _____ □ Chairman Name: □ Chairman Name: ☐ Vice Chairman □Vice Chairman Address: ______ Address: □ Director □ Director □President □President □Vice President _ _ ☐ Vice President □Treasurer □ Secretary □ Treasurer □ Secretary Other _____ Other _____ □ Chairman □Chairman Name: ______ Address: ☐ Vice Chairman □Vice Chairman Address: _____ □Director □Director □President □President □Vice President □Vice President □ Treasurer □ Secretary □ Treasurer □ Secretary □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. 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.817455.155 KAYMONC

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



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

08/31/2021 856502-014208312021-601699

CERTIFICATE OF EXISTENCE

Registration Number:

856502-0142

Business Name:

ALPINE SECURITIES CORPORATION

Registered Date:

January 11, 1984

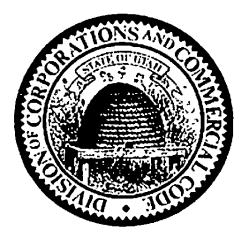
Entity Type:

Corporation - Domestic - Profit

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



& Veillette

Leigh Veillette Director Division of Corporations and Commercial Code