Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000413227 3)))



H210004132273ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622

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

Email Address:

AM 10: 57

## FOREIGN PROFIT/NONPROFIT CORPORATION FRY TECHNICAL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

S. HAWKES

NOV \_ = 2021

Taylor Seay 8004323622

### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Fry Technical Services, Inc.		
Name of corporation - mu	ust include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	" and check are submitted to register the	
Please return all correspondence concerning this matter to the	ne following:	
Name of Person	on	
Capitol Services - Corporate Filings Team		
Firm/Company	y	
515 East Park Avenue 2nd Fl		
Address		
Tallahassee, FL 32301		
City/State and Z	ip code	
erin.fry@frytechservices.com		
E-mail address: (to be used for fu	iture annual report notification)	
For further information concerning this matter, please call:	IMPORTANT: The email address entered here will be utilized for future annual report notifications and possibly other NOTIFICATIONS from the STATE to the entity!	
at ( 855 )	498 - 5500	
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	
	STATE  8.75 Filing Fee & S87.50 Filing Fee, ertified Copy Certificate of Status & Certified Copy	

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Taylor Seay 8004323622

#### H21000413227 3

# 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.

	al Services, Inc.		
	orporation; must include "INCORPORATION," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION	,"
(16)	ble in Florida, enter alternate corporate na	ma udented for the number of transacting	r business in Florida)
•	ible in Florida, enter atternate corporate na		g business in Floriday
Colorado	to the second state in a second state in a second state of the sec	3. <b>87-1194098</b> (FEI number, if app	alicable)
•	y under the law of which it is incorporated	(PET HUHIDET, IT app	meable)
June 14, 20		5. (Date of duration, if other the	han a comptual)
•	of incorporation)	(Date of duration, if other to	nan perpetuar)
November 3			
	(SEE SECTIONS 607.1501 & 60	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabilit	ry)
3530 Shady	Rock Drive, Colorado Spring	s, CO 80920	
	(Principal	office street address)	
3530 Shady	Rock Drive, Colorado Spring		
	(Current m	ailing address, if different)	.53
Name and stree	t address of Florida registered agent: (	(P.O. Box NOT acceptable)	c c
Name:	Capitol Corporate Services,	Inc.	
fice Address:	515 East Park Avenue 2nd F		AH 10: 20
nce Address.		<del></del>	20 FE
	Tallahassee	, Florida 32301 (Zip code)	· · · · –
	(City)	(Zip code)	
Registered age	ent's acceptance:		
ving been nam	ed as registered agent and to accept s	ervice of process for the above stated	l corporation at the place so to act in this capacity
agnatea in this Ther noree to c	application, I hereby accept the appo omply with the provisions of all statut	es relative to the proper and complet	e performance of my di
d I am familiar	with and accept the obligations of my	position as registered agent.	•
	Z La Siai	TAYLOR SEAY, Assistant Sec	retary on behalf
	Toylor Suzy	of Capitol Corporate Service	
	(Registered agent		<u></u>
	certificate of existence duly authentica	_	

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.

#### Taylor Seay 8004323622

A. DIRECTORS			0
Chairman	Name: Erin Fry	Chairman	Name: Gary Fry
☐ Vice Chairman	Address: 3530 Shady Rock Drive	Vice Chairman	Address: 3530 Shady Rock Drive
Director	Colorado Springs, CO 80920	Director	Colorado Springs, CO 80920
President		President	
☐Vice President		Vice President	
Secretary	Treasurer	Secretary	Treasure:
Other	Other	Other	Other
Chairman	Name: Erin Fry	Chairman	Name: Gary Fry
Vice Chairman	Address: 2530 Shady Rock Drive	☐Vice Chairman	Address: 3530 Shady Rock Drive
Director	Colorado Springs, CO 80920	Director	Colorado Springs, CO 80920
<b>▼</b> President		President	
☐Vice President		✓ Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	Other	Other	Other
Сһаіттал	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
The officer or dire she is aware that f	Use an attachment to report more than six (6). The attachment to the index whell sling your Florida Department Signature of Director of ctor signing this document (and who is listed in numberalse information submitted in a document to the Department.)	nt of State Annual Re or Officer r 11 above) affirms th	eport form.  nat the facts stated herein are true and that he or
s.817.155, F.S.	President		
<u></u> -	(Typed or printed name and capacity of person	on signing application	1)

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

### CERTIFICATE OF FACT OF GOOD STANDING

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

Fry Technical Services, Inc

#### is a

#### Corporation

formed or registered on 06/14/2021 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 20211550696.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/04/2021 that have been posted, and by documents delivered to this office electronically through 11/08/2021 @ 08:07:28.

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 11/08/2021 @ 08:07:28 in accordance with applicable law. This certificate is assigned Confirmation Number 13567284



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 Socretary of State's Web site, http://www.sos.state.co.us/bis/Certificate/searchCriteria.do entoring the cartificate'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 "Husinesses, tradomarks, trade names" and select "Frequently Asked Questions."