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(Re	equestor's Name)	
(Ac	ldress)	
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(Ac	ldress)	
(Cı	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bı	isiness Entity Nar	ne)
(Dc	ocument Number)	, <u> </u>
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Eding Officer:	
Special instructions to	Filling Officer.	

Office Use Only



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COVER LETTER

TO: Registration Section	
Dry issen of Corpunstance	1 0 1
SUBJECT: Colorado	o Continas Inc.
Name of co	rpiration - must include Juffly
Dear Ser or Madara	•
	ation for Authorization to Transact Business in Florida," load Standing" and check are submitted to register the let business in Florida
Please return all correspondence concerning the	rus matter to the following
Cotter Fallows	•
	Name of Person
Colorada Ca-tica;	5 1.00
10525 Inlina	Oc.
	Address
Riverview, Fr	344/0
Co	h/State and Zin code
E-cuse address (to	be used for Novice annual report notification)
For farther information concerning this exister	, best on
Au Ci	700
Letter to leave at	720) 474 0443 Area Code Daytime Telephone Number
Name of Parties	creat Code Carvitine Leichinne Vitaber
STREETWOFFIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Divesion of Corporations	On rison of Corporations
The Centre of Tultabaseer	P.O. Box 6327
2415 N. Morarce Street, Seate 810	Tallahassee, FL 32314
Tallabasses, FL 32303	
Enclosed in a creek for the following amount	
Please soutz chock peraltic to FLORIDA DEPAI	
🗆 \$70 00 Falling Fee	· []
िलामिक्टर ति श्रेय	atus Certified Copy 1 Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. (Enter name of co	Olocedo Coelicas Inc rporation, must include "INCORFORATED," rp," "Inc," "Co," or "Corp")	COMPANY," "CORPORATION."	
	the in Florida, enter alternate corporate name a	ida	
Z	,		
2. (Strike or country	under the law of which it is incorporated)	83-1378504_	onhle)
,	4		
4(Date)	of incorporation) 5	(Date of duration, if other than	n perpetual)
6	NA		
	(Date first transacted business in	· · · · · · · · · · · · · · · · · · ·	
	1	02, F.S., to determine penalty liability)	
7	3. Quitm-o St Der	1047, CD 80219 re <u>street</u> address)	
	(
	(Current mailing	g address, if different)	26 22
			2822 HAY
8. Name and street	<u>address</u> of Florida registered agent (P.O		· · · · · · · · · · · · · · · · · ·
Name	Colton F-16ws	····	- PH
Office Address	10525 Juliano Di		
	Riverview (City)		راب ما الباب ما
	(City)	(Zip code)	
	nt's accentance:		
9 Registered age		ce of process for the above stated co	rporation at the plac
Having been name			
Having been name designated in this	application. I hereby accept the appointm	ent as registered agent and agree to	o act in this capacity. erformance of my du
Having been name designated in this f further agree to co		ent as registered agent and agree to lative to the proper and complete p	o act in this capacity. erformance of my du
designated in this further agree to co	application. I hereby accept the appointm mply with the provisions of all statutes re	ent as registered agent and agree to lative to the proper and complete p	o act in this capacity. erformance of my du
Having been name designated in this further agree to co	application. I hereby accept the appointm mply with the provisions of all statutes re	ent as registered agent and agree to lative to the proper and complete p	o act in this capacity. erformance of my du

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	A		
☐ Chairman	Name Colton Fellows	□ Chairman	Name
□ Vice Chairman	Address: 10525 Inli-na Pr	☐ Vice Chairman	Address
□Director	Rivervicy FL 35569	□Director	
President		□President	
□Vice President		□Vice President	
☐ Secretary	☐ Treasurer	□Secretary	Treasurer
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	Name:
□ Chairman		□ Chairman	
□ Chairman	Name:	□ Chairman	Name ⁻
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name ⁻
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Name ⁻
☐ Chairman ☐ Vice Chairman ☐ Director ☐ President	Name:	□Chairman □Vice Chairman □Director □President	Name ⁻
□ Chairman □ Vice Chairman □ Director □ President □ Vice President	Name:	□Chairman □Vice Chairman □Director □President □Vice President	Name:Address
□ Chairman □ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other	Name:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other □thment will be image:	Name:Address
□ Chairman □ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other	Address:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other □thment will be imagent of State Annual Re	Name:Address
□ Chairman □ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other Important Notice Individuals may be 12	Name:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other □thment will be imaged not of State Annual Reference of State constitution of State constitution.	Name: Address Diffreasurer Other d for reporting purposes only. Non-indexed eport form

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.

Colorado Coatings Inc.

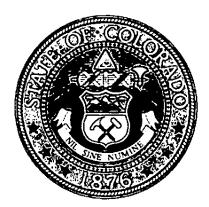
is a

Limited Liability Company

formed or registered on 07/09/2018 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 2018/541694.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/10/2022 that have been posted, and by documents delivered to this office electronically through 05/11/2022 @ 14:54:24.

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 05/11/2022 @ 14:54:24 in accordance with applicable law. This certificate is assigned Confirmation Number 14014365



Secretary of State of the State of Colorado

***************End of Certificate**********

Native; A vertificate 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, but "www.sos.state.co.us.biz CertificateSearchCerteria do entering the certificate's conformation 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, but I www.sos.state.co.us.click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."