Fa300002042

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Mr. JASON MARP
Grove Permission Dyemini
to Add the Principal Address
Mr. JASONTHAP Grove Pennission Byennil to Add the principal Address 4.18/23 45
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: American Lift Systems, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

F

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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:

ſ			-	20		
Jason Tharp						
		Name of Pers	on	2023 MAR		
American Life Contants In						
American Lift Systems, In				······································		
		Firm/Compan	Ŷ			
139 N. Balsam Street, 120	5 Street 1 200					
		Address	·, ·			
		Address		n o		
Ridgecrest, CA 93555						
	Ci	ty/State and Z	ip code			
		-				
jason@aclifts.com		1 1 0 10				
	E-mail address: (to	be used for fi	iture annual report r	iotification)		
Jason Thurp	at (619)	286-5438 ext. 107			
Name of Persor		Area Code	Daytime Telep	hone Number		
STREET/COURIER ADDRESS:			MAILING ADDRESS:			
Registration Section			Registration Section			
Division of Corp			Division of Co	orporations		
The Centre of T	allahassee		P.O. Box 632	7		
2415 N. Monroe Street, Suite 810			Tallahassee, F	Tallahassee, FL 32314		
Tallahassee, FL	32303					
Enclosed is a check for t Please make check payable	the following amount	: RTMENT OF	STATE			
■ \$70.00 Filing Fee	□ \$78.75 Filing Fo		8.75 Filing Fee &	□ \$87.50 Filing Fee.		
= 970.00 r mig r cc	Certificate of St	-		Certificate of Status &		
	certificate of St		inter over	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.

1.	American Lift Systems, Inc.						
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
	(If name unavailable in Florida, enter alternate corporate name	: adopte	d for the purpose of transacting business in Florida)				
2.	California 3.	01-00	504783				
- .	(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
4.	2/15/2002 5.	·					
	(Date of incorporation)		(Date of duration, if other than perpetual)				
6.	4/1/2023						
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Flori 502. F.	da, if prior to registration) S., to determine penalty liability)				
		51	Mise El 23967				
7.	7. 17173 Johnston Lrive, Fort Myers, FI 339161 (Principal office street address)						
139 N. Balsam Street, 1200, Ridgecrest, CA 93555							
	(Current maili	ng addr	ess, if different)				
	·						
8.	Name and street address of Florida registered agent: (P.	D. Box	NOT acceptable)				
	Name: Lisa Martin						
_	17177 Jahastan Drive						
0	ffice Address: 1/1/3 Joniston Drive						
	Fort Myers	<u> </u>	Florida <u>33967</u>				
	(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 dutie 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

Chairman	Name: Jason Tharp	□Chairman	Name:
□Vice Chairman	Address: 139 N. Balsam Street, 1200	□Vice Chairman	Address:
Director	Ridgecrest, CA 93555	Director	
President		□President	
□Vice President			
Secretary	Treasurer	Secretary	
Other	Other	🗋 Other	Other
🗆 Chairman	Name:	□Chairman	Name: O N
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	\sim
President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	
GOther	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

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

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. Jason Tharp. President



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: Entity No.: Registration Date: Entity Type: Formed In: Status: AMERICAN LIFT SYSTEMS, INC. 2287400 02/13/2002 Stock Corporation - CA - General CALIFORNIA Active



The above referenced entity is active on the Secretary of State's records and is authorized percise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 14, 2023.

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 090922630

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.