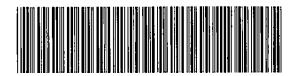
# F23000002627

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
, , , , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Linky Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W2300035099			

Office Use Only



400402889424

02/22/22 -- 01025 -- 012 - \$\*70.00

ZUZJAPR 10 PH 4: 28



March 14, 2023

DON HARDING 4001 N VALLEY DRIVE LONGMONT, CO 80504 US

SUBJECT: INTEGRATED WATER SERVICES INC

Ref. Number: W23000035099

We have received your document for INTEGRATED WATER SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Andrea Andrews Regulatory Specialist II

2023 APR 10 PM

Letter Number: 023A00005937

### **COVER LETTER**

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TO: Registration Section Division of Corporations	
SUBJECT: Integrated Water Name of corporation	Services Inc
Name of corporation	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matt	er to the following:
DON HARDING	
Name o	f Person
Integrated Water Service	
Firm/Co	ompany
4001 N Valley Drive	
Add	Iress
Longmont, CO, 80504 City/State	
City/State	and Zip code
adminib) integrated are tousening 1	$\wedge \wedge \wedge$
adminia integrated waterservices. C	for future annual report notification)
For further information concerning this matter, please	e call:
12	<b>-</b>
Karen Burch at 120	
Name of Person Area Co	ode Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32303	Tananassee, FL 32314
Enclosed is a check for the following amount:	
Please make check payable to: FLORIDA DEPARTMEN	
△\$70.00 Filing Fee   □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, 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.

1. Integr	ated Water Services,	Inc.	
(Enter name of co	ated Water Services, orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	1
"Inc.," "Co.," "Ce	orp," "Inc," "Co," or "Corp.")		
			·
(If name unavaile	ible in Florida, enter alternate corporate name ac	lopted for the purpose of transacting l	business in Florida)
2. ColoRAD	3	20-0480601	
(State or country	y under the law of which it is incorporated)	(FEI number, if appl	icable)
(Date	$\frac{3}{2}$ $\frac{2}{3}$ 5	(Date of duration, if other tha	an perpetual)
			,
b. <u>NIT</u>	(Date first transacted business in	Florida if prior to registration)	<u>-</u>
	(SEE SECTIONS 607.1501 & 607.150		)
7 4001 N	Valley Drive Longing	n+ 10 80504	
7	Valley Drive, Longmon (Principal office	e street address)	
		,	
	(Current mailing	address, if different)	<u> </u>
		·	<b>20</b>
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	73 Z3
		· ·	123 APR 10 PM 4: 28
Name:	InCorp Services, Inc.		
Office Address:	3458 Lakeshore Drive Tallahassee, (City)		Ur Take
•			
	Tallahassee,	, Florida 32312	
	(City)	(Zip code)	~ P3
9. Registered ago	ent's acceptance:		
	ed as registered agent and to accept service		
	application, I hereby accept the appointme omply with the provisions of all statutes re		
and I am familiar	with and accept the obligations of my pos	ition as registered agent.	perjormance of my dunes,
-	$\sim$ 17		
	1 1 1 1 1 1	<del>,</del>	
			half of InCorp Services, Inc
	(Registered agent's sig	nature)	

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.

Ą. directors			
Chairman	Name: Richard Barrett	□Chairman	Name: DON Harding
□Vice Chairman	Address: 4001 N Valley Dr	□Vice Chairman	Address: 4001 N Valley Drive
□ Director	Longnion+ CO 80504	□Director	Longmont, CO 80504
M President / CEC	)	□President	
□Vice President		Senior Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman	Name: Alexander Buehler	□Chairman	Name:
□Vice Chairman	Address: 400/ N Valley Dr	□Vice Chairman	Address:
Director	Longmont, Co 80504	□Director	
□President		□President	
□Vice President		□Vice President	
☐ 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	□Treasurer
□Other	Other	□Other	□Other
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	nt of State Annual Re	port form.
12. <u> </u>	Signature of Director or	r Officer	
she is aware that fa s.817.155, F.S.	tor signing this document (and who is listed in number lise information submitted in a document to the Departr	11 above) affirms the ment of State constitu	at the facts stated herein are true and that he or



# 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,

INTEGRATED WATER SERVICES, INC.

#### is a

#### Corporation

formed or registered on 12/12/2003 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 20031385802.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/12/2023 that have been posted, and by documents delivered to this office electronically through 02/14/2023 @ 14:35:43.

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 02/14/2023 @ 14:35:43 in accordance with applicable law. This certificate is assigned Confirmation Number 14699159 .



Secretary of State of the State of Colorado

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

Notice: A certificate issued electronically from the Colorado Secretary of State's website 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 website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate'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 website, https://www.coloradosos.gov.click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."