

F24000004786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

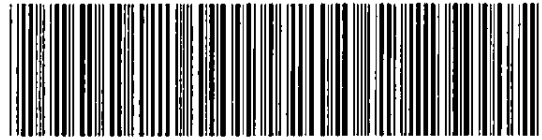
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700434917637

08/30/24--01041--004 ++79.75

FILED
2024 SEP -9 AM 8:49

T. LEITUX

SEP 12 2024

W24
119723

15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CS3 CONSULTANCY CORP

Name of corporation - must include suffix

Dear Sir or Madam:

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:

SAM KURIEN

Name of Person

CS3 CONSULTANCY CORP

Firm/Company

782 SILVER CLOUD CIRCLE, APT 200

Address

LAKE MARY, FLORIDA 32746

City/State and Zip code

SAMKURIEN@CEES3.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAM KURIEN

at (719) 3606993

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2024

SAM KURIEN
782 SILVER CLOUD CIR APT 200
LAKE MARY, FL 32746

SUBJECT: CS3 CONSULTANCY CORP
Ref. Number: W24000119723

We have received your document for CS3 CONSULTANCY CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

In section 6 there needs to be a principal address. Please have an officer or director sign the last page of the document.,

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 524A00018967

RECEIVED

SEP 09 2024

**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. CS3 CONSULTANCY CORP

(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 adopted for the purpose of transacting business in Florida)

2. COLORADO, USA

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 9/22/2020

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 9/22/2020 800 4307 THORNBURY WAY, COLORADO SPRINGS, CO 80922

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4307 THORNBURY WAY, COLORADO SPRINGS, CO 80922

(Principal office street address)

782, SILVER CLOUD CIRCLE, 200, LAKE MARY, FL 32746

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SAM KURIEN

Office Address: 782 SILVER CLOUD CIRCLE, #200

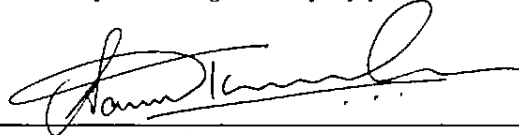
LAKE MARY, Florida 32746

(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 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 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
20 SEP -9 AM 8:49

A. DIRECTORS

☐ Chairman Name: JASON LINSCOMBE
☐ Vice Chairman Address: 104 PENTRO PATH
☐ Director GEORGETOWN, TX 78626
☐ President _____
☒ Vice President JASON LINSCOMBE
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: CARA ROBERTS
☐ Vice Chairman Address: 4940 NINA COURT
☐ Director COLORADO SPRINGS, CO 80916
☐ President _____
☒ Vice President CARA ROBERTS
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: RACHEL EACHEN
☐ Vice Chairman Address: 6609 N 82 AVE
☐ Director GLENDALE, AZ 85303
☐ President _____
☒ Vice President RACHEL EACHEN
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: KRIS RICKERT
☐ Vice Chairman Address: 6581 SPROUL LN
☐ Director COLORADO SPRINGS, CO 80918
☐ President _____
☒ Vice President KRIS RICKERT
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: MONTY WINTERS
☐ Vice Chairman Address: 301129, HIGHWAY 9
☐ Director TECUMSEH, OKJ 74873
☐ President _____
☒ Vice President MONTY WINTERS
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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. SAM KURIEN, REGISTERED AGENT
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Report

with Document # 20241859514 of

C'S3 Consultancy Corp

Colorado Corporation

(Entity ID # 20201807293)

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/14/2024 that have been posted, and by documents delivered to this office electronically through 08/16/2024@ 13:45:14.

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 08/16/2024 @ 13:45:14 in accordance with applicable law. This certificate is assigned Confirmation Number 16303857



Jena Griswold

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."