# M1700008605

(Re	equestor's Name)	
(Ac	ddress)	·
(Ac	idress)	
(Ci	ty/State/Zip/Phone #/	1
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	]
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S. WARREN 0CT 0 9 2017

### COVER LETTER

Registration Section

TO;

Div	ision of Corporations							
SUBJECT:	Peak PACE Solutions, LLC							
Name of Limited Liability Company								
		any for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida.						
Please return	all correspondence concerning this matter to the	following:						
	Dwight C. Dettloff							
	N:	nme of Person						
	Peak PACE Solutions, LLC							
	Fi	rm/Company						
	6640 Gunpark Drive, Suite 200							
		Address						
	Boulder, Colorado 80301							
	City/S	ate and Zip Code						
	accounting@peakpacesolutions.com							
	E-mail address: (to be used	for future annual report notification)						
For further in	nformation concerning this matter, please call:							
Dw	right C. Dettloff	720 399-6824 at ()						
	Name of Contact Person	Area Code Daytime Telephone Number						
Divi Regi P.O.	ision of Corporations istration Section . Box 6327 ahassee. FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301						
	check for the following amount:  125.00 Filing Fee  \$\square\$ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee. Certificate Certified Copy of Status & Certified Copy						

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f'name unavailable, enter alternati	name adopted for the purpose of transacting business in Flo	vidi. The alternati	e nume must mehale "Lænned	Liability Corr	<del>நக்</del> ந்.‴ I. I. (	Cor-LLC
Colorado		3. 27	-0347694		_	
(Jurisdiction under the law of	which foreign limited hability company is organized)		(Fl:1 n	umber, il appi	icable)	
·	(Date first transacted business in Fronda, if prior to (See sections 605 (#41 & 605 9#0), if S. to determine	registration )				
6640 Gunpark Drive	(See Section 193 When to the Whole I is to the leading		10 Gunpark Drive			
(Street Address of	(Principal Office)		(Madino)	iddresi)	<u>-</u>	
Suite 200			te 200			
Boulder, Colorado 80	0301	Bot	ulder. Colorado 8030	<u> </u>	17 OC	
	ess of Florida registered agent: (P.O. Box InCorp Services, Inc.	NOT_acce	ptable)			9CT -6
Name:	<del></del>		<del></del>			- Th
Office Address	17888 67th Court North		<del>_</del>		- 21. - 77.	<b>18</b>
	Loxahatchee		Florida <u>33470</u>		0.00	3: LO
				(೧೮೯)		<u></u>
esignated in this applic comply with the provi	registered agent and to accept service of partion, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as regimered agent.	s registered and comple	the above stated limit agent and agree to a	ted liabili act in this ay duties,	capacity. and I am	ny at the p I furthei familiar
laving been named as lesignated in this applic comply with the provind accept the obligation.  3. The name, title or ca	ptance: registered agent and to accept service of pation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as regimered agence (Registered agencia) and address of the person(s) who has	s registered and comple	the above stated limit agent and agree to a ete performance of n Kathy Shin on beha ority to manage is/are	ted liabiliated in this my duties.	capacity. and I am orp Servic	ny at the p I further familiar ces, Inc.
laving been named as lesignated in this applic comply with the provind accept the obligation	ptance: registered agent and to accept service of pation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agency (Registered agency).	s registered and comple	the above stated limit agent and agree to a ete performance of n Kathy Shin on beha	ted liabiliated in this my duties.	capacity. and I am	ny at the p I further familiar ces, Inc.
laving been named as lesignated in this applic comply with the provind accept the obligation.  3. The name, title or ca	ptance: registered agent and to accept service of pation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as regimered agent (Registered agent) pacity and address of the person(s) who have and Address:  David Reves	s registered and comple	the above stated limit agent and agree to a ete performance of n Kathy Shin on beha ority to manage is/are	ted liabiling the interior of	capacity.  and I am  orp Service  ne and Ac  ricia Baile	y at the parties familiar ces, Inc.
laving been named as esignated in this applic ocomply with the provind accept the obligation.  3. The name, title or ca	ptance: registered agent and to accept service of pation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position of registered agent.  (Registered agent's pacity and address of the person(s) who has Name and Address:	s registered and complete and complete and complete as/have authoral Title of	the above stated limit agent and agree to a ete performance of n Kathy Shin on beha ority to manage is/are	ted liabiling to the thing	capacity.  and I am  orp Service  ne and Ac	ny at the parties familiar ces, Inc.
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laving been named as lesignated in this applicated in this application comply with the provind accept the obligation.  3. The name, title or cate Title or Capacity:  Managing Member  Use attachments if necess.  Attached is a certification.	ptance: registered agent and to accept service of pation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position of registered agent.  (Registered agent)  pacity and address of the person(s) who has a Name and Address:  David Reves  6640 Gunoark Drive #200  Boulder, CO 80301	s registered and complete and complete and complete author Title of CEO	the above stated limit agent and agree to a sete performance of new Kathy Shin on behadority to manage is/are or Capacity:	ned linbilinet in this my duties.  If of InCo  Nam  Patr  664  Bot	capacity.  and I am  orp Service  ne and Ac  ricia Baile  0 Gunpari  lider. CO	y at the parties familiar ces, Inc.  Idress:  A Drive # 80301

Typed or printed name of suppor

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

### CERTIFICATE OF FACT OF GOOD STANDING

1, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Peak PACE Solutions, LLC

is a

#### Limited Liability Company

formed or registered on 06/10/2009 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 20091319054.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/18/2017 that have been posted, and by documents delivered to this office electronically through 09/22/2017 @ 12:21:26.

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 09/22/2017 @ 12:21:26 in accordance with applicable law. This certificate is assigned Confirmation Number 10460243



Nymen Williams

Secretary of State of the State of Colorado

End of Certificate

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an opinon, 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, http://www.sos.state.co.uv/bic/Certificate/Search/Criteria.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 Web site, http://www.sos.state.co.uv/click/@Businesses, trademarks, trade names/and select/"Frequently Asked Questions."