

M220000007613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

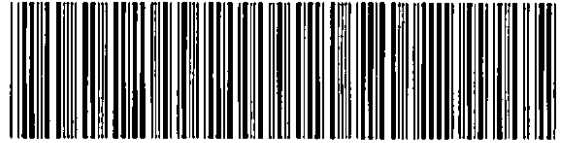
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY 16 AM 9:20

RECEIVED

2022 MAY 16 PM 3:26

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 673452 7838299

AUTHORIZATION :

COST LIMIT : \$763.75

ORDER DATE : May 12, 2022

ORDER TIME : 2:47 PM

ORDER NO. : 673452-005

CUSTOMER NO: 7838299

FOREIGN FILINGS

NAME: CAES COLORADO SPRINGS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAES COLORADO SPRINGS LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KIMBERLY WITHERS

Name of Person

CAES COLORADO SPRINGS LLC

Firm/Company

2121 CRYSTAL DRIVE, SUITE 800

Address

ARLINGTON, VA 22202

City/State and Zip Code

CAES-LEGAL@CAES.COM

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

For further information concerning this matter, please call:

ALETHA-PHARR-THOMAS

571

480-0496

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

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

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CAES COLORADO SPRINGS LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. 84-0822182
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 21 DECEMBER 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 4350 CENTENNIAL BOULEVARD 6. 2121 CRYSTAL DRIVE, SUITE 800
(Street Address of Principal Office) (Mailing Address)

COLORADO SPRINGS, CO 80907-3701

ARLINGTON, VA 22202

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
2022 MAY 16 AM 9:20
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Corporation Service Company
By: Erin Ba Asst. VP.
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

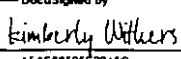
PLEASE SEE ATTACHMENT "A" FOR COMPLETE LIST

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

DocuSigned by

 AE6E08525E2246C
 Signature of an authorized person

KIMBERLY WITHERS

 Typed or printed name of signee

ATTACHMENT A

CAES Colorado Springs Officer List

Title/Capacity: President

Name: Sean Daily

Address: 4350 Centennial Blvd, Colorado Springs, CO 80907-3701

Title/Capacity: Treasurer

Name: Danielle Keaney

Address: 4350 Centennial Blvd, Colorado Springs, CO 80907-3701

Title/Capacity: Vice President

Name: Mike Elias

Address: 4350 Centennial Blvd, Colorado Springs, CO 80907-3701

Title/Capacity: Vice President

Name: Dave Young

Address: 4350 Centennial Blvd, Colorado Springs, CO 80907-3701

Title/Capacity: Vice President

Name: Dave Fink

Address: 4350 Centennial Blvd, Colorado Springs, CO 80907-3701

Title/Capacity: Vice President & Secretary

Name: Bruce Almquist

Address: 4350 Centennial Blvd, Colorado Springs, CO 80907-3701

Title/Capacity: Assistant Secretary

Name: Kimberly Withers

Address: 4350 Centennial Blvd, Colorado Springs, CO 80907-3701

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAES COLORADO SPRINGS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAES COLORADO SPRINGS LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 1980.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.


Jeffrey W. Bullock, Secretary of State

895209 8300

SR# 20221966823

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203419118

Date: 05-12-22