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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

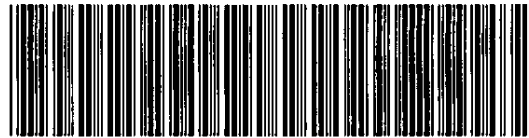
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 FEB 22 PM 2:16
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J. Shivers FEB 23 2011 10:10:602
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ALTOS SOLUTIONS, INC.
(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," 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:

Christine Smith
(Name of Person)

Altos Solutions, Inc
(Firm/Company)

5424 Surool Blvd. Suite 10, Box 177
(Address)

Pleasanton CA 94566
(City/State and Zip code)

For further information concerning this matter, please call:

Christine Smith at (888) 662-6367 x 22
(Name of Person) (Area Code & Daytime Telephone Number)

TALLAHASSEE, FLORIDA
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STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$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

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. ALTOS SOLUTIONS, 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 adopted for the purpose of transacting business in Florida)

2. CALIFORNIA 3. 20-5112640
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 19, 2006 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1522 Hillview Dr. Suite 420, Los Altos CA 94024
(Principal office address)

5424 Sunol Blvd. Suite 10, Box 177, Pleasanton CA 94566
(Current mailing address)

8. Employees reside in FL
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Mr. Tom Barr John Willey
Office Address: 809 First Street 1522 Hillview Dr. Ste 42
Neptune Beach, FL Los Altos CA 94024
(City) (Zip code)

10. 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.

* Thomas Barr
John Willey
(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

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TAMM SEEFELDMAN

ordered 11-4-10. Not recd as of 12-28-10.

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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MILLAN HASSEY FILM

B. OFFICERS

^{CEO}
President: John Willey

Address: 1522 Hillview Dr. Suite 420

Los Altos, CA 94024

Vice President: Keith Irwin

Address: 358 Mission Dr.

Pleasanton, CA 94566

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Keith G. Irwin. VP Operations.

(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ALTOS SOLUTIONS, INC.

FILE NUMBER: C2883893
FORMATION DATE: 06/09/2006
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

STATE OF CALIFORNIA
TALLAHASSEE, FLORIDA

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FILED

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, 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 November 23, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State

JAN 20 2011

RXV