F00000000 721

TRANSMITTAL LETTER

To: Registra	ation Section		
Division	n of Corporations	\wedge	
SUBJECT:	Video Display	Corporation	
	(Name of corpora	tion - must include suffix)	
Dear Sir or Mac	lam:		
The enclosed "A" "Certificate of I transact busines	Application by Foreign Corporation for Existence", and check are submitted to ss in Florida.	o register the above reference	ced foreign corporation to
Please return al	l correspondence concerning this mat	Б□□ ter to the following:	-02/03/0001112002 *****70.00 *****70.00
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	(Name	e of Person)	 · _
	Video Disolo	y Corporatio	\bigcirc
•	(Firm/	(Company)	
	1868 Tucke	r. Ind. Dr	
	(A	ddress)	3
	Tucker, (et 3008	.4
	(City	/State/Zip)	ATTI: 00
			00
Should you nee	ed to call someone concerning this ma	atter, please call:	Cu.
(arol	NFranklin at (7	70,938-208	30
(Nam	e of Person) (A	rea Code & Daytime Telep	hone Number)
Name STREET AD	DRESS:	MAILING ADDRES	S:
Availability	ection	Registration Section	
Document Division of Corporations Division of Corporations		Division of Corporation	ons
Examiner 409 E. Gaines Undatar Tallahassee, F		P.O. Box 6327 Tallahassee, FL 3231	4
Opdatei Dt		1	
	check for the following amount:		
— ☐ \$7 0.00 Fili	<u> </u>	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status &
. 4-4		<u>-</u>	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. Video Display Corporation
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
natural person or partitership it not so contained in the name at presently
Description 59-1717564
2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11-28-84 5. <u>Perpetual</u>
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
T. One
6. (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607 1501 607 1502 and 817.155, F.S.)
7. 2 7177 North Atlantic Avenue Cape Canaveral FL 3292
7. a. // / / 10 M /77/antic tiverile, cape caraveras / 2 odia
(Principal office address)
b. 1868 Tucker Trad Dr Tucker GA 30084
(Current mailing address)
H SS
Salac af ARTS
(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 or Mail Drop Box NOT acceptable)
7 . 4 00 lblo
Name: 19010 Mutchiel
and the Alle
Office Address: 1100 () Helantite Proc
Cape Canaveral, Florida 32920
(Zip code)
10. Registered agent's acceptance:
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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
omply 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.
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Card A Walchlow, Lasidous
(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: A. DIRECTORS Chairman: Address: Address: Director: Address: Director: Address: **B. OFFICERS** President: Vice President: Address: anklir Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 000190375
CONTROL NUMBER : J603206
DATE INC/AUTH/FILED: 11/28/1984
JURISDICTION : GEORGIA
PRINT DATE : 01/19/2000

FORM NUMBER : 211

GILBERT & GIBSON SHARON KNOX 3775 MANSELL RD ALPHARETTA, GA 30022

Secretary of State.

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

VIDEO DISPLAY CORPORATION
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate for cancellation or any other similar document with the office of the

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State