

F130000002711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

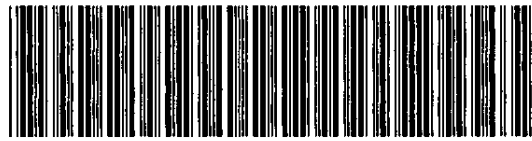
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
6/21/13

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Carrier and Technology 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," 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:

Shawn Martin

Name of Person

Carrier and Technology Solutions, Inc.

Firm/Company

401 East Las Olas Blvd., Suite 1650

Address

Fort Lauderdale FL 33301

City/State and Zip code

semartin@pnigroup.com

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

For further information concerning this matter, please call:

Shawn Martin

Name of Person

at ( 954 ) 670-2921

Area Code & Daytime Telephone Number

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2013

SHAWN MARTIN  
CARRIER AND TECHNOLOGY SOLUTIONS, INC.  
401 EAST LAS OLAS BLVD., SUITE 1650  
FORT LAUDERDALE, FL 33301

SUBJECT: CARRIER AND TECHNOLOGY SOLUTIONS, INC.  
Ref. Number: W13000033627

We have received your document for CARRIER AND TECHNOLOGY SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The information listed on line eight of your form is not legible.

Please return the corrected original and one copy of 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) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 213A00014484

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. CARRIER AND TECHNOLOGY 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. DELAWARE 3. 46-2846855  
(State or county under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 23, 2013 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 401 EAST LAS OLAS BLVD., SUITE 1650, FORT LAUDERDALE FL 33301  
(Principal office address)

401 EAST LAS OLAS BLVD., SUITE 1650, FORT LAUDERDALE FL 33301  
(Current mailing address)

8. All Lawful Business  
(Purpose(s) of corporation authorized in home state or county to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Corporate Creations Network, Inc.  
Office Address: 11380 Prosperity Farms Road #221E  
Palm Beach Gardens, Florida 33410  
(City) (Zip code)

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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.*

  
Jim Perkins, Vice President  
(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: Steven M. Mariano  
Address: 401 E. Las Olas Blvd., Suite 1650  
Fort Lauderdale, FL 33301

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TALLAHASSEE, FLORIDA

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Christopher L. Pizzo  
Address: 401 East Las Olas Blvd., Suite 1650  
Fort Lauderdale, FL 33301

Director: Charles K. Schuver  
Address: 401 East Las Olas Blvd., Suite 1650  
Fort Lauderdale, FL 33301

**B. OFFICERS**

President: Steven M. Mariano  
Address: 401 E. Las Olas Blvd., Suite 1650  
Fort Lauderdale, FL 33301

Vice President: and Assistant Secretary: Kimberly Davis  
Address: 401 E. Las Olas Blvd., Suite 1650  
Fort Lauderdale, FL 33301

Secretary: Christopher L. Pizzo  
Address: 401 East Las Olas Blvd., Suite 1650, Fort Lauderdale, FL 33301

Treasurer: Michael J. Sluka  
Address: 401 E. Las Olas Blvd., Suite 1650, Fort Lauderdale, FL 33301

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

13. \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Christopher L. Pizzo, Secretary  
(Typed or printed name and capacity of person signing application)

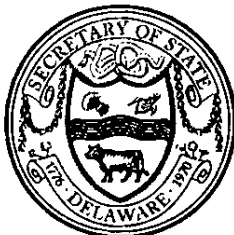
# Delaware

The First State

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TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARRIER AND TECHNOLOGY SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARRIER AND TECHNOLOGY SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2013.



5336934 8300

130674868

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0467247

DATE: 05-29-13