F14000004924

(Requestor's Name)		
(Address)		
(1)		
(Address)		
(City/State/Zip/Phone #)		
(City/Cuto/Lip/) Hollo //		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
W14-66585		

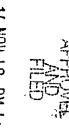




500265948175

10/30/14--01025--005 **87.50

SECRETARY OF STATE



1/4

COVER LETTER

	Filing Section ion of Corporations				
SUBJECT:	Innovative Emergency Management, INC.				
Name of corporation - must include suffix					
Door Sir or M	ladamı.				
Dear Sir or M	auain:				
"Certificate o	"Application by Foreign Corporation for Authorization to Transact Business in Florida," f Existence," or "Certificate of Good Standing" and check are submitted to register the ced foreign corporation to transact business in Florida.				
Please return	all correspondence concerning this matter to the following:				
Ryan Yı	uricek				
	Name of Person				
Innovati	ve Emergency Management, INC.				
	Firm/Company				
2801 SI	ater Road, Suite 110				
, , , , , , , , , , , , , , , , , , ,	Address				
Morrisvi	lle, NC 27560				
	City/State and Zip code				
accounts	spayable@iem.com				
	E-mail address: (to be used for future annual report notification)				
For further in	formation concerning this matter, please call:				
Ryan Yu	uricek <u>at (</u> 919 <u>)</u> 237-7478				
Name of Person Area Code & Daytime Telephone Number					
New I Divisi Clifto 2661	EET/COURIER ADDRESS: Filing Section ion of Corporations In Building Executive Center Circle Inassee, 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 Fil	ing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy				



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2014

RYAN YURICEK 2801 SLATER ROAD, SUITE 110 MORRISVILLE, NC 27560

SUBJECT: INNOVATIVE EMERGENCY MANAGEMENT, IN.

Ref. Number: W14000066585

We have received your document for INNOVATIVE EMERGENCY MANAGEMENT, IN. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,400.00.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 314A00023449



2801 Slater Road, Suite 110 Morrisville, NC 27560
 Mailing Address: P.O. BOX 110265 Research Triangle Park, NC 27709
 1.800.977.8191 919.990.8191 919.237.7468 (f) www.iem.com

11/18/2014

Dear Valerie,

Please see the attached amended Application by Foreign Corporation for Authorization to Transact Business in Florida.

I misunderstood the form and should not have included a date on line 6. (Date first transacted business in Florida, if prior to registration) Innovative Emergency management was previously registered under document number F08000004058 and was in good standing until we recently withdrew this year.

We're now applying for a new authorization as we as expect to transact business in Florida again.

Please feel free to contact me with any questions or concern, or if you require any additional information. My contact number is (919) 237-7478.

Thank you in advance for your assistance, and I hope you're having a nice day.

Sincerely,

Ryan Yuricek

Accounts Payable Specialist

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTOV 18 PM 4: 2

IN COMPLIANCE REGISTER A FOR	TWITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO LAMASSE REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.			
, Innovativ	e Emergency Management, INC.			
(Enter name of co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")			
(If name unavaila	ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)			
_{2.} Louisiana	_{3.} 72-1045884			
(State or country	under the law of which it is incorporated) (FEI number, if applicable)			
4. February	07, 1985 _{5.} Perpetual			
	of incorporation) (Duration: Year corp. will cease to exist or "perpetual")			
6. 09/18/200	18 Ryan Yukicek Kath			
(Date first transacted business in Florida, if prior to registration)				
0004 01-4	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
7. 2801 Slate	er Road, Suite 110 Morrisville, NC 27560			
2004 Slata	(Principal office address)			
2801 Slater Road, Suite 110 Morrisville, NC 27560				
	(Current mailing address)			
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				
Name:	C T Corporation System			
	1200 South Pine Island Road			
Office Address:	Plentation 33324			
	Plantation , Florida 33324 (Zip code)			
	(City) (Zip code)			
designated in this further agree to co	nt's acceptance: ed as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. I amply with the provisions of all statutes relative to the proper and complete performance of my amiliar with and accept the obligations of my position as registered agent.			
	Defle Bept Danijela Byers			
(Registered agent's signature) Assistant Secretary				
10 Attached is a c	pertificate of existence duly authenticated, not more than 90 days prior to delivery of this application to			

10. 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.

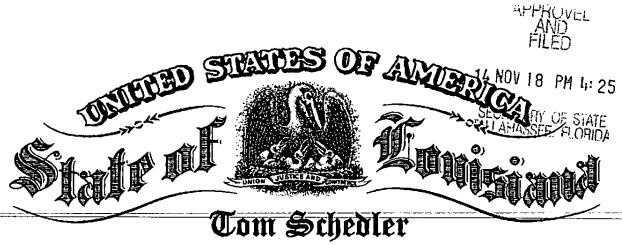


· 14 NOV 18 PH 4: 25

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

A. DIRECTORS	SECHE JANY OF STATE FALLAHASSEE FLORIDA		
Chairman:			
Address:			
Vice Chairman:			
Address:			
Director: Madhu Beriwal			
Address: 2801 Slater Road, Suite 110	•		
Morrisville, NC 27560			
Director:			
Address:			
B. OFFICERS			
President: Madhu Beriwal			
Address: 2801 Slater Road, Suite 110			
Morrisville, NC 27560			
Vice President: Theodore Lemcke			
Address: 2801 Slater Road, Suite 110			
Morrisville, NC 27560			
Secretary:			
Address:			
Treasurer: Richard McGivney			
Address: 2801 Slater Road, Suite 110 Morrisville, NC 27	7560		
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.		
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.			
13. Richard McGivney, Treasurer and Chief Financial Office	er		

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



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana I do hereby Certify that

INNOVATIVE EMERGENCY MANAGEMENT, INC.

A corporation domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on February 07, 1985,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Secretary of State

September 25, 2014

Certificate ID: 10531347#CFG62

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louislana.gov

Web 34166830D