

F08000004837

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(Address)

(Address)

(City/State/Zip/Phone #)

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2008 NOV 10 A 7 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 12 2009
D.A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pro Vision 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:

Matthew R. McNally

(Name of Person)

Pro Vision Inc.

(Firm/Company)

36 Regency Dr

(Address)

Palm Coast Florida 32164

(City/State and Zip code)

For further information concerning this matter, please call:

MATTHEW R. MCNALLY at (386) 864-2969

(Name of Person)

(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

October 15, 2008

MATHEW R. MCNALLY
PRO VISION INC.
36 REGENCY DR
PALM COAST, FL 32164

SUBJECT: PRO VISION INC.
Ref. Number: W08000047429

We have received your document for PRO VISION INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unable to contact you directly by telephone.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II

Letter Number: 108A00053869

RECEIVED

08 NOV 10 AM 8:00

DIVISION OF CORPORATIONS



**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. **Pro Vision 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. **Virginia**

(State or country under the law of which it is incorporated)

3. **20-0112856**

(FEI number, if applicable)

4. **July 23, 2003**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **7/21/2008**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **36 Regency Dr. Palm Coast Fl. 32164**

(Principal office address)

36 Regency Dr. Palm Coast Fl. 32164

(Current mailing address)

8. **"Paint Free" automotive dent repair.**

(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:

Matthew R. McNally

Office Address:

36 Regency Dr

Palm Coast

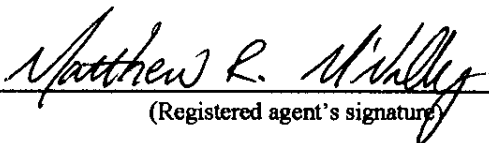
(City)

, Florida **32164**

(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.



(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Matthew R McNally

Address: 36 Regency Dr. Palm Coast, Fl 32164

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Matthew R. McNally
(Signature of Director or Officer listed in number 12 of the application)

14. MATTHEW R. MCNALLY President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

Pro Vision, Inc is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is July 23, 2003.

Nothing more is hereby certified.

FILED
2008 NOV 10 A 7 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Signed and Sealed at Richmond on this Date:
October 27, 2008*



Joel H. Peck
Joel H. Peck, Clerk of the Commission