F10000000414

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Obtained doples Gentificates of Status
Special Instructions to Filing Officer:
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Richard GAVE
AUTHORIZATION BY PHONE TO
DATE 1-19-10 DOC. EXAM 53
DOG, EXAM

Office Use Only



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01/26/10--01019--003 **1100.00

01/15/10--01019--006 **78.75



J. Shivers JAN 26 MM

COVER LETTER

TO: New Filing Section Division of Corporations	,	
SUBJECT: DSiGEP	ration - must include suffix)	
(Name of corpo	ration - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.		
Please return all correspondence concerning this m	atter to the following:	
RICHARD SOL	ADOWSES	,
(Nam	ne of Person)	
1/51 GROWA.	10 c	
(Fig.	/Company)	
57-13 49.57 V	LACE	
	Address)	
MASPETH, N.Y.	11378	
(City/St	ate and Zip code)	
		17. See 18. Se
For further information concerning this matter, plea	se call:	HAN T
2	15 15 6 0 1	is a contract of the contract
(Name of Person) at (A	ron Code & Deutime Talanh	one Numberity
(Name of Ferson)	rea Code & Daytime Teleph	one Number of 1:
STREET/COURIER ADDRESS: New Filing Section	MAILING A New Filing So	ection
Division of Corporations Clifton Building	Division of Co P.O. Box 632	•
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, F	
Enclosed is a check for the following amount:		
S70.00 Filing Fee \$\ \text{S78.75 Filing Fee & Certificate of Status}	S78.75 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.
i. DSI (ROUP,) Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
Ovation: In-Store, Co. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New Yox) & 13-2777013 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4. (Date of incorporation) 5. Description: Year corp. will cease to exist or "perpetual")
6April 2006
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 57-13 49 TH PLACE MASAETH, 10.1/. 11378 (Principal office address)
AS BOUC
(Current mailing address)
8. Purchase / NSTALL AV SYSTEMS IN NEW STORE CONSTA
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Kirt Betz
Name: <u>kirt Betz</u> Office Address: <u>304 Myrtle Dr.</u>
No komis , Florida 34275 Em &
(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.
1/13/
(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:	
Vice Chairman:	
Address:	
	
Director:	
Address:	
Director:	
Director:	
Address:	
B. OFFICERS President: Ben Weshler Address: 57-13 49th pl. Maspeth, NY 11378	
Address: 57-13 49th pl.	A 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Muspeth, NY 11378	ARC A
Vice President:	(7) ~ 1
Address:	P. P. IT
	RA
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the appl	-
13(Signature of Director or Officer listed i	×
(Signaturé of Director or Officer listed i	n number 12 of the application)
14. Ben Weshler (Typed or printed name and capacity of	V(15; V11+ If person signing application)
(ryped or printed name and capacity t	r person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of DSI GROUP, INC. was filed on 04/19/1974, under the name of DISPLAY SYSTEMS, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment DISPLAY SYSTEMS, INC., changing its name to DSI GROUP, INC., was filed 04/22/2005.



Witness my hand and the official seal of the Department of State at the City of Albany, this 17th day of November two thousand and nine.

Daniel Shapiro

First Deputy Secretary of State

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