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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: NVision Solutions, Inc.	
· · · · · · · · · · · · · · · · · · ·	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good St above referenced foreign corporation to transact business."	anding" and check are submitted to register the
Please return all correspondence concerning this mat	ter to the following:
Craig A. Harvey	
Name	of Person
NVision Solutions, Inc.	
Firm/C	ompany
13131 Hwy 603, Suite 301	
Ad	dress
Bay Saint Louis, MS 39520	
City/State	e and Zip code
charvey@nvs-inc.com	d for future annual report notification)
•	•
For further information concerning this matter, pleas	e call:
Craig Harvey at (228	\ 242-0015
	a 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 & □ \$87.50 Filing Fee, Certified Copy 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.

1. NVision Solution	ons, Inc.	
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
NVS Inc.		
(If name unavaila	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Florida,
2. Mississippi		
<i>L</i>	under the law of which it is incorporated)	(FEI number, if applicable)
4 14 March 2002	1	ر بر المراجعة perpetual
T	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. 13131 Hwy 603	3, Bay Saint Louis, MS 39520	
o	(Date first transacted business	s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
7 13131 Hwy 603,	Bay Saint Louis, MS 39520	
/· <u></u>	(Principal office a	idress)
NVision Solution	ns. Inc.	
	(Current mailing a	idress)
	amming and Geospatial technology inte	gration country to be carried out in state of Florida)
9. Name and stree	t address of Florida registered agent: (F	O. Box NOT acceptable)
Name:	NRAI Services, Inc.	
Office Address:	2731 Executive Park Drive, suite 4	
	Weston,	, Florida <u>33331</u>
	(City)	(Zip code)
designated in this further agree to co and I am familiar	ed as registered agent and to accept set application, I hereby accept the appoin	

Matt Thompson, Assistant Secretary

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: Socorro Harvey Address: 798 Maui Place Diamondhead, MS 39525 Vice Chairman: Address: _ Director: Donald Peyton Address: 2250 Gause Blvd East Slidell, LA 70461 Director: Craig Harvey Address: 798 Maui Place Diamondhead, MS, 39525 **B. OFFICERS** President: Socorro Harvey Address: 79 Maui Place Diamondhead, MS 39525 Vice President: Donald Peyton, Exec VP Address: 2250 Gause Blvd, east, Slidell, LA 70461 2250 Gause Blvd, east, Slidell, LA 70461 Secretary: Craig Harvey, Exec VP/Secretary Address: 798 Maui Place, Diamondhead, MS 39525 Treasurer: Donald Peyton, Exec VP/Treasurer Address: 2250 Gause Blvd, east, Slidell, LA 70461 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. (Signature of Parector or Officer listed in number 12 of the application)

14. Craig A. Harvey, Executive VP/Secretary/Director

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

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on March 14, 2002, the State of Mississippi issued a Charter/Certificate of Authority to:

NVISION SOLUTIONS, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

Given under my hand and seal of office January 21, 2010

C. Delbert Hosemann, Jr. Secretary of State

