Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 Phone : (770)777-2091 Fax Number : (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION CVC CCI HOLDINGS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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COVER LETTER

SUBJECT: CVC CCI HOLDINGS, INC.	
(Name of corpor	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.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
Sharon K. Gray	
(Nam	e of Person)
Triad Professional Services, LLC	
(Firm	/Company)
2050 Merconi Drive, Ste. 150	
(^	Address)
Alpharetta, GA 30005	
(City/Str	nte and Zip code)
For further information concerning this matter, please. Sharon K. Gray at (770)	、77 7-2 091
(Name of Person) (Ar	ca Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	New Filing Section Division of Corporations P.O. Box 6327

APPLICA			ION FOR AUTHORIZATION TO TRANSAC IN FLORIDA	,T ~
			· ·	
			TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.	27
1. CVC CCI HOL	DINGS, INC.			
(Enter name of	corporation; must include "INCORPORAT. Corp," "Inc," "Co," or "Corp.")	ED,	•	
(If name unavail	lable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida	
2. Delaware		3	27-3739675	
	under the law of which it is incorporated)	, J.	(FEI number, if applicable)	_
4. 04/07/2010		5.	Perpetual	_
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6. Upon qualifica	tion			
<u> </u>			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7 525 Okoechob	ee Blvd., Sta. 1050, Wost Palm Beach,	FL	33401	
· ·	(Principal office	udd	1039)	-
525 Okeachob	ee Bivd., Ste. 1050, West Palm Beach,	FL	33401	
	(Current mailing	ndd	ress)	-
8. Custom cable	servicos.			_
(Purpose(s) of corporation authorized in home state of	rce	ountry to be carried out in state of Florida)	
9. Name and stre	et address of Florida registered agent; (Ρ.(D. Box <u>NOT</u> acceptable)	
Name:	NRAI Services, Inc.			
	2731 Executive Park Dr., Sto 4			
Office Address:	2731 EXCEDIVE FOIX DI., SIG 4			
	Weston		, Florida 33331	
	(City)		(Zip codc)	

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) Sharon K. Gray, 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:	
Address:	
Vice Chairman:	
Address:	
Director: Gary Jaggard	
Address: 525 Okeechobee Blvs., Ste. 1050	
West Palm Beach, FL 33401	
Director:	
Address:	
B. OFFICERS	
President: Gary Jaggerd	
ESE Olasemento Blue Con 1850	<u> </u>
Address: West Palm Beach, FL 33401	
Vice President: Robert O.Sullivan Addiseas 525 Okeochobee Bive., Ste. 1050	
Address: West Palm Boach, FL 33401	
Cecillo Rodriguez	
Secretary:	
Address: 525 Okeechobee Bive., Sto. 1050, West Palm Boach, FL 33401	
Treasurer: Cocillo Rodriguez	
Address: 525 Okoochobse Bive., Ste. 1050, West Palm Beach, Ft. 33401	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dire	ectors.
13. (lelle Hestellen)	
(Signature of Director or Officer listed in number 12 of the application)	
14. Cecilio Rodriguez, Secretary (Typed or printed name and capacity of person signing application)	
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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVC CCI HOLDINGS, 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-SIXTH DAY OF OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CVC CCI HOLDINGS, INC." WAS INCORPORATED ON THE SEVENTH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

2010 OCT 27 PN 2 49
FALLANIASSEE FLORIDA

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You may verify this contidionte colir

AUTHENTY CATION: 8312576

DATE: 10-26-10

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