

F11000003195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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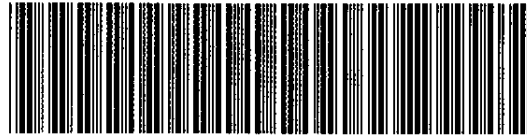
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** NORTHWAY SOLUTIONS GROUP 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," or "Certificate of Good Standing" 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:

CYNTHIA MOORE

Name of Person

NORTHWAY SOLUTIONS GROUP INC.

Firm/Company

9005 OVERLOOK BLVD.

Address

BRENTWOOD, TN 37027

City/State and Zip code

CMOORE@NORTHWAYSOLUTIONS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA MOORE

Name of Person

at ( 866 ) 611-8762

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

**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. NORTHWAY SOLUTIONS GROUP, 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. TENNESSEE

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

3. 27-3556961

(FEI number, if applicable)

4. 09-27-10

(Date of incorporation)

5. PERPETUAL

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

6. JANUARY 1, 2011

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9005 OVERLOOK BLVD., BRENTWOOD, TN 37027

(Principal office address)

9005 OVERLOOK BLVD., BRENTWOOD, TN 37027

(Current mailing address)

8. WEBSITE TESTING

(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: SCOTT COMBS

Office Address: 8159 WILLIE WILKERSON RD

MACCLENLY

(City)

, Florida 32063

(Zip code)

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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.*

Scott Combs

(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: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: L. SCOTT MOORE

Address: 9005 OVERLOOK BLVD.

BRENTWOOD, TN 37027

Vice President: PRASHANT SATOSKAR

Address: 1726 ROCKCREEK CT

FLOWER MOUNT, TX 75028

Secretary: CYNTHIA MOORE

Address: 9005 OVERLOOK BLVD., BRENTWOOD, TN 37027

Treasurer: CYNTHIA MOORE

Address: 9005 OVERLOOK BLVD., BRENTWOOD, TN 37027

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

13. Cynthia A Moore

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.

14. Cynthia A. Moore

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

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TALLAHASSEE FLORIDA**



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**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**CYNTHIA MOORE**  
3047 KIRKLAND CIRCLE  
MOUNT JULIET, TN 37122

July 29, 2011

**Request Type: Certificate of Existence/Authorization**  
Request #: 0044057

Issuance Date: 07/29/2011  
Copies Requested: 1

**Document Receipt**

Receipt #: 518852	Filing Fee:	\$20.00
Payment-Check/MO - NORTHWAY SOLUTIONS GROUP, INC, BRENTWOOD, TN		\$20.00

**Regarding: Northway Solutions Group, Inc.**  
Filing Type: Corporation For-Profit - Domestic  
Formation/Qualification Date: 09/27/2010  
Status: Active  
Duration Term: Perpetual

Control #: 640978  
Date Formed: 09/27/2010  
Formation Locale: Williamson County  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Northway Solutions Group, Inc**

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has not filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

  
Tre Hargett  
Secretary of State

Processed By: Sheila Keeling