

FI 2000003995

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000236966 3)))



H120002369663ABC2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 SEP 28 PM 3:45

RECEIVED

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RE-SUBMIT

To: Division of Corporations
Fax Number : (850) 617-6381

Please retain original filing date of submission 9/27

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 SEP 27 PM 4:05

FILED

FOREIGN PROFIT/NONPROFIT CORPORATION
TRILOGY COMMUNICATIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05 06
Estimated Charge	\$70.00

ATTN:
Valerie
Herring

324

Electronic Filing Menu

Corporate Filing Menu

Help

SEARCHED OCT 1 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRIOLOGY COMMUNICATIONS, 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:

Ricky GRESSETT
Name of Person

TRIOLOGY COMMUNICATIONS, INC.
Firm/Company

2910 Hwy 80 East
Address

Peach, Ms 39208
City/State and Zip code

RGRESSETT@TRIOLOGYCOAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricky GRESSETT at (601) 933-7520
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



September 28, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: TRILOGY COMMUNICATIONS, INC.
REF: W12000049896

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000236966
Letter Number: 412A00024209

P.O BOX 6327 - Tallahassee, Florida 32314

**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. Trilogy Communications, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Trilogy Communications MS, Inc.
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Mississippi 3. 20-8215787
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-13-1985 5. PERPETUAL
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 2910 Hwy 90 EAST Pearl, Ms. 39208
 (Principal office address)

SAME
 (Current mailing address)

8. SALE of Co-Axial Cable and Accessories.
 (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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
 (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.

C T Corporation System

By: James M. Halpin James M. Halpin
 (Registered agent's signature) 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.

FILED
 12 SEP 27 PM 4:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: S. SHINN LEE

Address: 387 ROLLING MEADOWS RD.
RIDGELAND, MS. 39157

Vice Chairman: GRACE P. LEE

Address: 387 ROLLING MEADOWS RD.
RIDGELAND, MS. 39157

Director: _____

Address: _____

Director: _____

Address: _____

FILED
12 SEP 27 PM 4:05
SECRETARY OF STATE
TALAHASSEE, FLORIDA

B. OFFICERS

President: GRACE P. LEE

Address: 387 ROLLING MEADOWS RD.
RIDGELAND, MS. 39157

Vice President: R. RYAN COLE

Address: 1709 SHEFFIELD DR.
JACKSON MS. 39211

Secretary: GRACE P. LEE

Address: 387 ROLLING MEADOWS RD RIDGELAND, MS. 39157

Treasurer: S. SHINN LEE

Address: 387 ROLLING MEADOWS RD. RIDGELAND, MS. 39157

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

13. S. Shinn Lee
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. S. SHINN LEE, CEO.

(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

FILED
12 SEP 27 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 February 13, 1985, the State of Mississippi issued a Charter/Certificate of Authority to:

TRILOGY COMMUNICATIONS, 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
September 27, 2012

C. Delbert Hosemann, Jr.

C. Delbert Hosemann, Jr.
Secretary of State

Certification Number: 12792397-1 Page 1 of 1 Reference: DP
Verify this certificate online at <https://business.sos.state.ms.us/corp/sockb/verify.asp>