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\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

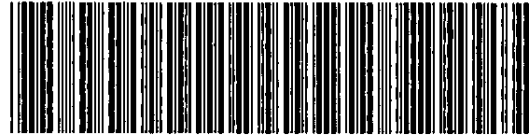
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300244214783

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13 FEB -5 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

7/2  
8

## COVER LETTER

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

**SUBJECT:** Icon Cable, 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 Cioci

Name of Person

Icon Cable, Inc.

Firm/Company

3150 Phils Lane

Address

Apopka, FL 32712

City/State and Zip code

cynthia.johnson@iconcable.com

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

For further information concerning this matter, please call:

Cynthia Johson

407

703-5984

at ( )

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

**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.*

Icon Cable, Inc.

1. \_\_\_\_\_  
(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)

Colorado

26-2792941

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

06/12/2008

perpetual

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(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)

3150 Phils Lane, Apopka, FL 32712

7. \_\_\_\_\_  
(Principal office address)

3150 Phils Lane, Apopka, FL 32712

(Current mailing address)

cable installation

8. \_\_\_\_\_  
(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: Cynthia Johnson

3433 Kilmarnock Drive

Office Address:

Apopka

32712

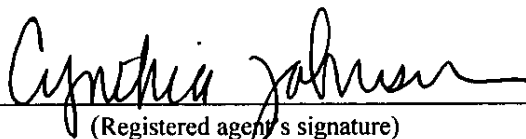
(City)

, Florida (Zip code)

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**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)

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: Cynthia Cioci

Address: 3150 Phils Lane

Apopka, FL 3212

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. \_\_\_\_\_

*Cynthia Cioci, President*  
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 Cioci, President

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COLORADO SECRETARY OF STATE

Many services are available FREE online!

Please visit our website, [www.sos.state.co.us](http://www.sos.state.co.us) and select "Business".

Payment is required with request.

## REQUEST FOR BUSINESS ORGANIZATION SERVICES

Entity Name / Trademark

Icon Cable, Inc.

(Exact name to be researched)

Entity ID or Document Number (if known)

20081317500

Date of Formation / Registration

Jurisdiction (if applicable)

Indicate standard of service requested



Regular

OR



Expedite (add \$10 to the regular fee)

For \$5.00: Select one or more (up to 5) of the following. The total fee will be \$5.00 for regular service or \$15.00 for expedited service. If ordering more than five (5) items, the fee will be \$25.00 (\$35.00 for expedited service).



Certificate of Good Standing



Certificate of Fact of Incorporation, Existence, or Organization



Certificate of Fact – other (indicate type):



Certified copy, specific document(s)

(For copies of all documents, see below)

20081317500

(Specify the fact to be certified in the certificate)

(List specific document numbers)

For \$25.00: Select one or more of the following plus any number of the above orders. The total fee will be \$25.00 for regular service or \$35.00 for expedited service.



Certificate of Good Standing – Long form



Certificate of Fact of No Record (purged history search required)



Certified copies of all documents



Search of records not electronically accessible



Rebuild record (Information will be added to the electronic records.)

Supporting information:

Apostilles (No additional charge)



Apostilles for the documents ordered above are requested for:

(Country)

## REQUESTING PARTY

Name

Cynthia Cioci

Phone

407-889-0859

Address

3150 Phils Lane

City

Apopka

State

FL

ZIP

32712



Mail



Pick up

Fed Ex/UPS Account Number

Prepaid Account Number

Job Number

20131032909

\$5.00

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01/24/2013 11:07:39

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TALLAHASSEE FLORIDA

1/24/13  
SIF  
sent via  
SOS postage



**STATE OF COLORADO**  
**DEPARTMENT OF**  
**STATE**  
**CERTIFICATE**

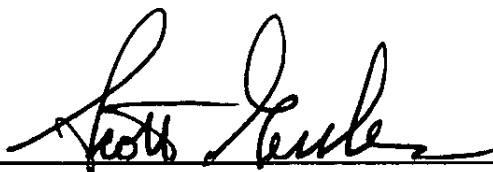
I, SCOTT GESSLER, SECRETARY OF STATE OF THE STATE OF  
COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF THIS  
OFFICE,

ICON CABLE, INC.  
(COLORADO CORPORATION)

BECAME INCORPORATED UPON FILING ARTICLES OF INCORPORATION  
DATED JUNE 12, 2008.

I FURTHER CERTIFY THAT SAID ENTITY HAS COMPLIED WITH ALL  
APPLICABLE REQUIREMENTS OF THIS OFFICE, AND IS IN GOOD  
STANDING WITH THIS OFFICE.

Dated: January 23, 2013



SECRETARY OF STATE

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SECTION 1115  
TALLAHASSEE, FLORIDA



Colorado Secretary of State  
Date and Time: 06/12/2008 03:34 PM  
Id Number: 20081317500  
Document number: 20081317500

Document processing fee  
If document is filed on paper \$125.00  
If document is filed electronically \$ 50.00

Fees & forms/cover sheets  
are subject to change.

To file electronically, access instructions  
for this form/cover sheet and other  
information or print copies of filed  
documents, visit [www.sos.state.co.us](http://www.sos.state.co.us)  
and select Business Center.

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

### Articles of Incorporation

filed pursuant to §7-90-301, et seq. and §7-102-102 of the Colorado Revised Statutes (C.R.S.)

1. Entity name:

Icon Cable, Inc.

*(The name of a corporation must contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "llc"; If the corporation is a professional corporation, it must contain the term or abbreviation "professional corporation", "p.c.", or "pc" §7- 90-601, C.R.S.)*

2. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

- ☐ "bank" or "trust" or any derivative thereof  
☐ "credit union" ☐ "savings and loan"  
☐ "insurance", "casualty", "mutual", or "surety"

3. Principal office street address:

3150 Phils Lane

*(Street name and number)*

Apopka

*(City)*

FL

*(State)*

32712

*(Postal/Zip Code)*

United States

*(Country - if not US)*

*(Province - if applicable)*

4. Principal office mailing address:  
(if different from above):

*(Street name and number or Post Office Box information)*

*(City)*

*(State)*

*(Postal/Zip Code)*

*(Province - if applicable)*

*(Country - if not US)*

5. Registered agent: (if an individual):

Johnson

*(Last)*

Cynthia

*(First)*

Cioc

*(Middle)*

*(Suffix)*

OR (if a business organization):

6. The person appointed as registered agent in the document has consented to being so appointed.

7. Registered agent street address:

6096 Simms Street

*(Street name and number)*

Arvada

*(City)*

CO

*(State)*

80004

*(Postal/Zip Code)*

8. Registered agent mailing address:  
(LEAVE BLANK if same as above)

(Street name and number or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

9. If the corporation's period of duration  
is less than perpetual, state the date on  
which the period of duration expires:

(mm/dd/yyyy)

10. (OPTIONAL) Delayed effective date:

(mm/dd/yyyy)

11. Name(s) and address(es) of  
incorporator(s): (if an individual)

Cioci

Cynthia

(Last)

(First)

(Middle)

(Suffix)

OR (if a business organization)

3150 Phils Lane

(Street name and number or Post Office Box information)

Apopka

FL

32712

(City)

(State)

(Postal/Zip Code)

United States

(Province – if applicable)

(Country – if not US)

(if an individual)

(Last)

(First)

(Middle)

(Suffix)

OR (if a business organization)

(Street name and number or Post Office Box information)

(City)

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United States

(Province – if applicable)

(Country – if not US)

(if an individual)

(Last)

(First)

(Middle)

(Suffix)

OR (if a business organization)

(Street name and number or Post Office Box information)

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(Country – if not US)

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(If there are more than three incorporators, mark this box ☐ and include an attachment stating the true names and mailing addresses of all additional incorporators.)

12. The corporation is authorized to issue 100 shares of common stock.  
(number)

(Additional classes of capital stock may be authorized and additional information regarding the corporation's stock may be stated, mark this box ☐ and include an attachment stating pertinent information.)

13. Additional information may be included pursuant to §7-102-102, C.R.S. and other organic statutes such as title 12, C.R.S. If applicable, mark this box ☐ and include an attachment stating the additional information.

**Notice:**

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

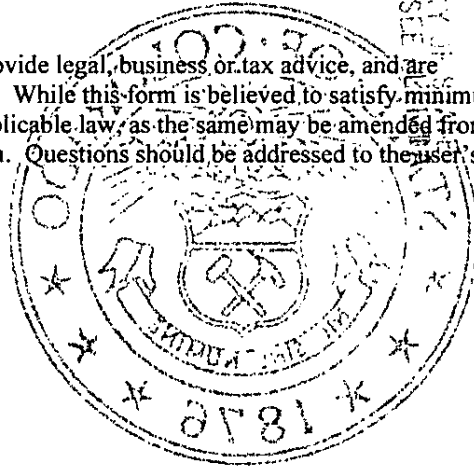
14. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Cioci Cynthia  
(Last) (First) (Middle) (Suffix)  
3150 Phils Lane  
(Street name and number or Post Office Box information)  
Apopka FL 32712  
(City) (State) (Postal/Zip Code)  
United States  
(Province - if applicable) (Country - if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

**Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.



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