

F130000000572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

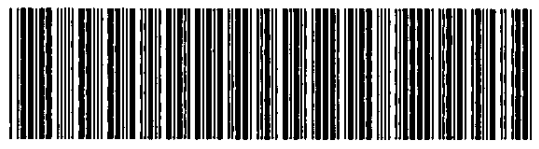
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations
Icon Cable, Inc.

SUBJECT: _____
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 at (407) 703-5984

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)

2. Colorado 3. 26-2792941
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/12/2008 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. 3150 Phils Lane, Apopka, FL 32712
(Principal office address)

3150 Phils Lane, Apopka, FL 32712
(Current mailing address)

8. cable installation
(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

Office Address: 3433 Kilmarnock Drive

Apopka, Florida 32712
(City) (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.

Cynthia Johnson
(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: _____

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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)

COLORADO SECRETARY OF STATE

Many services are available FREE online!

Please visit our website, www.sos.state.co.us and select "Business".

Payment is required with request.

20131052909
\$5.00
SECRETARY OF STATE
01/24/2013 11:07:39

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) 20081317500
- (Specify the fact to be certified in the certificate)*
(For copies of all documents, see below) *(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: _____

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TALLAHASSEE FLORIDA
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SJF 1/24/13
sent via SOS postage

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 _____



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

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SECRETARY OF STATE
FALLS CHURCH, VIRGINIA

SECRETARY OF STATE



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 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 FL 32712
(City) (State) (Postal/Zip Code)

United States
(Country - if not US)

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 Cynthia Cioc
(Last) (First) (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 CO 80004
(City) (State) (Postal/Zip Code)

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 THOMAS L. FLORIO

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)

(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)

(State)

(Postal/Zip Code)

United States

(Province - if applicable)

(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.

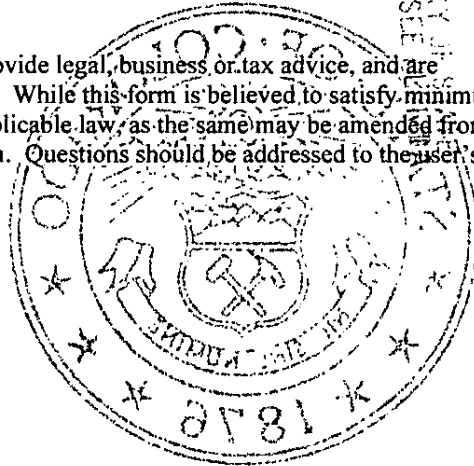
14. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

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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