

12/5/2013 15:46:10 From: To: 8506176381

Division of Corporations

F13

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION

Cellular Sales of Knoxville, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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13 DEC -5 AM 3:15

RECEIVED

13 DEC -5 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. CELLULAR SALES OF KNOXVILLE, 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. 62-1519339

(FEI number, if applicable)

4. JANUARY 5, 1993

(Date of incorporation)

5. PERPETUAL

(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. 6513 KINGSTON PIKE, SUITE 106, KNOXVILLE, TN 37919-4849

(Principal office address)

6513 KINGSTON PIKE, SUITE 106, KNOXVILLE, TN 37919-4849

(Current mailing address)

8. ANY AND ALL LAWFUL BUSINESS PERMITTED UNDER FLORIDA LAW

(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:

CT CORPORATION SYSTEM

Office Address:

1200 SOUTH PINE ISLAND RD.

PLANTATION

(City)

, Florida **33324**

(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.

Howard L. Volz

(Registered agent's signature)

**Howard L. Volz
Asst. 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.

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DIVISION OF CORPORATIONS
13 DEC -5 AM 9:15

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: M. DANE SCISM

Address: 6513 KINGSTON PIKE, SUITE 106

KNOXVILLE, TENNESSEE 37919-4849

Director: MARGARET W. SCISM

Address: 6513 KINGSTON PIKE, SUITE 106

KNOXVILLE, TENNESSEE 37919-4849

B. OFFICERS

President: MARGARET W. SCISM

Address: 6513 KINGSTON PIKE, SUITE 106

KNOXVILLE, TENNESSEE 37919-4849

Vice President: PAMELA KIMBALL

Address: 6513 KINGSTON PIKE, SUITE 106

KNOXVILLE, TENNESSEE 37919-4849

Secretary: PAMELA KIMBALL

Address: 6513 KINGSTON PIKE, SUITE 106, KNOXVILLE, TENNESSEE 37919-4849

Treasurer: _____

Address: _____

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

13. Pamela Kimball

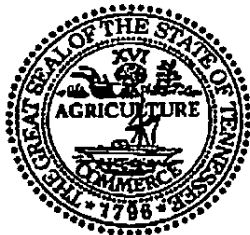
Signature of Director or Officer

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, P.S.

14. PAMELA KIMBALL, VICE PRESIDENT

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

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CLARENCE OF CORPORATION
17 DEC - 7 AM 3:15



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

CT CORPORATION
2390 E CAMELBACK ROAD
PHOENIX, AZ 85016

December 5, 2013

Request Type: Certificate of Existence/Authorization
Request #: 0115075

Issuance Date: 12/05/2013
Copies Requested: 1

Document Receipt

Receipt #: 1226584

Filing Fee: \$22.25

Payment-Credit Card - State Payment Center - CC #: 153330479

\$22.25

Regarding: CELLULAR SALES OF KNOXVILLE, INC.
Filing Type: Corporation For-Profit - Domestic
Formation/Qualification Date: 01/05/1993
Status: Active
Duration Term: Perpetual
Business County: KNOX COUNTY

Control #: 261082
Date Formed: 01/05/1993
Formation Locale: TENNESSEE
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

CELLULAR SALES OF KNOXVILLE, 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 filed the most recent corporation 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

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