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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: WallComm, 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: Darryl Wallace
Name of Person
WallComm, Inc.
Firm/Company
2222 Austin Lake Dr. SE
Smyrna, GA 30082
City/State and Zip code
darryl@wallcomminc.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Darryl Wallace at (770) 319-5667 Name of Person Area Code & Daytime Telephone Number
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 & ☐ \$78.75 Filing Fee & ☐ \$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.

, WallCon	nm, Inc.		三:
	orporation: must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED." "COMPANY." "CORPORATION."	JAN-6
Wallace	Communications		SATE TO
(If name unavaila	ble in Florida, enter alternate corporate na	ime adopted for the purpose of transacting busine	
_{2.} Georgia		_{3.} 20-5493590	品画
(State or country t	inder the law of which it is incorporated)	(FEI number, if applicable))32>
_{4.} 11/15/20	07	5. Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist of	r "perpetual")
_{6.} N/A			
2222 Δμε		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
7. ZZZZ / NG	(Principal office		-
same as		444.400)	
	(Current mailing	address)	
U,	ing and related low vo		
(Purpose(s)	of corporation authorized in home state of	or country to be carried out in state of Florida)	
9. Name and stree	t address of Florida registered agent:	(P.O. Box NOT acceptable)	
Name:	Dean Wallace		
Office Address:	Dean Wallace 3765 Morgons Cas- Land O'Lakes (City)	He Court	
	Land O'Lakes	, Florida <u>34638</u>	
	(City)	(Zip code)	
10 Desistand an			

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: Darryi Wallace		····
Address: 2222 Austin Lake Dr. SE		
Smyrna, GA 30082		
Vice Chairman: same as above		
Address:		# (201-11) **********************************
	STE T	
Director: same as above	500	တ္တ
	ORIE	25
Address:		
Director: same as above		
Address:		
	· · ·	
B. OFFICERS		
President: same as above		
Address:	***************************************	·
Vice President: same as above		
Address:		···········
Secretary: same as above	·····	····
Address:		
Treasurer: same as above		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	r directors.	•
13. Duryf ilallace Signature of Director or Officer	 	
The officer or director signing this document (and who is listed in number 12 above) affirms that the fare true and that he or she is aware that false information submitted in a document to the Department of a third degree felony as provided for in s.817.155, F.S.		
Darryl Wallace President		
(Typed or printed name and capacity of person signing application)		· ·

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER DATE INC/AUTH/FILED : November 15; JURISDICTION PRINT DATE

: 07093662 : Georgia : December 30;

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> WALLCOMM, INC. A Domestic Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

B: ?.~ Brian P. Kemp Secretary of State

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