

END 3/26



## COVER LETTER

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

**SUBJECT:** Nitor Solutions, Incorporated

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:

Timothy E. Smith

Name of Person

Nitor Solutions Incorporated

Firm/Company

PO Box 1244

Address

Kernersville, NC 27285

City/State and Zip code

amyc@lindsay-gardnercpas.com

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

For further information concerning this matter, please call:

Amy Crews

Name of Person

at ( 336 ) 712-1788

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





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2014

TIMOTHY E. SMITH  
NITOR SOLUTIONS, INCORPORATED  
P.O. BOX 1244  
KENNERSVILLE, NC 27285

SUBJECT: NITOR SOLUTIONS, INCORPORATED  
Ref. Number: W14000012653

We have received your document for NITOR SOLUTIONS, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 214A00004325





*Transforming Technology Into Competitive Advantage*

e: [tsmith@nitorsi.com](mailto:tsmith@nitorsi.com) | p: 336-793-3920 ext. 131

Post Office Box 1244, Kernersville, NC 27285

March 19, 2014

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Ma'am:

I am returning the enclosed application to you with the change you requested. Please contact me if further corrections are needed.

Thank you,

A handwritten signature in black ink, appearing to read 'Timothy Smith', written over a horizontal line.

Timothy Smith  
President



**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. **Nitor Solutions, Incorporated**

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

NITOR INCORPORATED

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **NC**

(State or country under the law of which it is incorporated)

3. **20-5909295**

(FEI number, if applicable)

4. **11/28/2006**

(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. **1870 Dunmore Lane, Clemmons, NC 27012**

(Principal office address)

**PO Box 1244, Kernersville, NC 27285**

(Current mailing address)

8. **IT Installation and Sales**

(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 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.*

*C.T. Corporation System by:*



**Sierra Burris**

**Vice President & Assistant Secretary**

(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: Timothy E. Smith

Address: 1870 Dunmore Lane

Clemmons, NC 27012

Vice President: Alisa D. Smith

Address: 1870 Dunmore Lane

Clemmons, NC 27012

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

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

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

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

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

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

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. Timothy E. Smith, President

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





# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### NITOR SOLUTIONS, INCORPORATED

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 28th day of November, 2006, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

FILED  
14 MAR 24 AM 9:32  
RECEIVED  
NORTH CAROLINA  
SECRETARY OF STATE  
MAIL ROOM



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of February, 2014.

*Elaine F. Marshall*

Secretary of State