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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EDWARDS WILDMAN PALMER LLP
Account Number : 075410001517
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TALLAHASSEE, FLORIDA

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Email Address: bkern@logix3.com

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FOREIGN PROFIT/NONPROFIT CORPORATION
Product Verification Solutions, Inc.

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$87.50

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MD 4/29

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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. **Product Verification Solutions, 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. **Delaware**

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

3. **46-5507600**

(FEI number, if applicable)

4. **April 28, 2014**

(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. **11512 Lake Mead Avenue, Suite 104, Jacksonville FL 32256**

(Principal office address)

11512 Lake Mead Avenue, Suite 104, Jacksonville FL 32256

(Current mailing address)

8. **Engage in all lawful activities or business permitted within the State of Florida.**

(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:

Bruce R. Kern

Office Address:

11512 Lake Mead Avenue, Suite 104

Jacksonville

(City)

Florida 32256

(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.

Bruce R. Kern

(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.

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

A. DIRECTORS

Chairman: Bruce R. KernAddress: 11512 Lake Mead Avenue, Suite 104
Jacksonville FL 32256

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Bruce R. KernAddress: 11512 Lake Mead Avenue, Suite 104
Jacksonville FL 32256

Vice President: _____

Address: _____

Secretary: Bruce R. KernAddress: 11512 Lake Mead Avenue, Suite 104, Jacksonville FL 32256Treasurer: Bruce R. KernAddress: 11512 Lake Mead Avenue, Suite 104, Jacksonville FL 32256

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. Bruce R. Kern, Director

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

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Delaware

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAp.4
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRODUCT VERIFICATION SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRODUCT VERIFICATION SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5523503 8300

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1324858

DATE: 04-28-14

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