1400003905

(Re	questor's Name)				
(Ad	dress)				
/ΔΔ	dress)				
(riu	u1033)				
(Cit	y/State/Zip/Phone	e #)			
		_			
PICK-UP	☐ WAIT	MAIL			
/Bu	siness Entity Nar	me)			
100	omooo zmaty man	,,,,,			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		·			

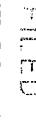
Office Use Only



100264144321

09/15/14--01045--016 **70.00

14 SEP 15 PM 3: 04
REGRETARY OF STATE
RELIGIOUS FLORISH



mall6

COVER LETTER

	Filing Sec					
SUBJECT:		ant Cyber	Svstem	s. Inc.		
SUBJECT				on - must include	suffix	
Dear Sir or N	∕ladam:					
"Certificate of	of Existenc		e of Good St	anding" and chec		t Business in Florida," nitted to register the
Please return	all corresp	ondence concer	ing this matt	er to the followin	ng:	
Cynthia	Shiel	ds				
			Name o	f Person		
Vigilant	Cybe	r Systems	Inc.			
			Firm/Co	mpany		
250 Ap	ollo Dr	ive				
Mount /	Airy, N	C 27030-5		lress		
			City/State	and Zip code		
cshields	@vigila	antsys.com				
		E-mail addres	s: (to be used	for future annua	al report n	otification)
For further in	ıformation	concerning this r	natter, please	call:		
Cynthia	Shiele	ds	at (336	, 783-00)54	
Nam	ne of Perso	n		Code & Daytim	e Telepho	ne Number
New Divis Clifto 2661 Talla	Filing Sec sion of Cor on Building Executive thassee, FL	porations g Center Circle		New Divis P.O.	ILING AI Filing Sec Sion of Co Box 6327 hassee, FI	ction rporations
■ \$70.00 Fi		\$78.75 Filin Certificate	g Fee &	□ \$78.75 Filing Certified Cop	•	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		TATUTES, THE FOLLOWING IS SUB! BUSINESS IN THE STATE OF FLORIE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
, Vigilant Cy	ber Systems, Inc.				
	oration; must include "INCORPORATED," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	15 PM 3: C		
(If name unavailable	in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ness in Florida)		
2. North Carolina 3.		27-3312264			
(State or country un	nder the law of which it is incorporated)	(FEI number, if applicabl	e)		
_{4.} 9/2/2010	5.	Perpetual			
(Date of	(Date of incorporation) (Duration: Year corp. will cease to ex		or "perpetual")		
_{6.} 9/1/2014					
	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
_{7.} 250 Apollo I	Drive, Mount Airy, NC 27	7030-5167			
	(Principal office add	•			
250 Apollo D	Prive, Mount Airy, NC 2703	30-5167			
	(Current mailing add	ress)			
9 Nome and street o	ddress of Florida registered agent: (P.0	O Roy NOT acceptable)			
•		o. Box Moracceptable)			
Name: _	Jacob Coughlin				
Office Address:	7708 Greenboro Drive Ap	t. <u>5</u>			
Ī	West Melbourne	, Florida 32904			
~	(City)	(Zip code)			
designated in this ap further agree to com	as registered agent and to accept serv plication, I hereby accept the appoint	ice of process for the above stated corp ment as registered agent and agree to a relative to the proper and complete per of my position as registered agent.	act in this capacity.		

10. 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.

1

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: __ Vice Chairman: __ Address: __ Address: _ **B. OFFICERS** President: Dr. Michael K. Shields Address: 250 Apollo Drive Mount Airy, NC 27030-5167 Vice President: Address: Secretary: Cynthia A. Shields Address: 250 Apollo Drive, Mount Airy, NC 27030-5167 Treasurer: Cynthia A. Shields Address: 250 Apollo Drive, Mount Airy, NC 27030-5167 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of 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.

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

13. Cynthia A. Shields



NORTH CAROLINA Department of the Secretary of State

14 SEP 15 PH :

CERTIFICATE OF EXISTENCE

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

VIGILANT CYBER SYSTEMS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 2nd day of September, 2010, 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.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of September, 2014.

Elaine J. Marshall

Secretary of State