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TALLAHASSEE, FLORIDA

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John W. Crowell
jcrowell@cgclawpllc.com
Phone: (662) 243-7308
Fax: (662) 328-6890
322 Main Street (39701)
P.O. Box 1827
Columbus, MS 39703-1827
*Admitted in AR and MS

November 21, 2014

Florida Department of State
New Filing Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Synergetics Diversified Computer Services, Inc.

Dear Sirs:

Enclosed please find the original and one copy each of a Cover Letter and Application by Foreign Corporation for Authorization to Transact Business in Florida. Please file the originals, stamp the additional copies "Filed" and return the filed copies to me in the enclosed self-addressed, stamped envelope. I have also included a firm check in the amount of \$70 for your filing fees as well as a Certificate of Existence from the Mississippi Secretary of State.

Should you have any questions, please feel free to give me a call. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to be "JW Crowell".

John W. Crowell

JWC:mnh

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Synergetics Diversified Computer Services, 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:

John W. Crowell

Name of Person

Crowell Gillis & Cooper, PLLC

Firm/Company

Post Office Box 1827

Address

Columbus, MS 39703-1827

City/State and Zip code

jcrowell@cgclawpllc.com

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

For further information concerning this matter, please call:

Michelle Holliman

Name of Person

at (662) 243-7333

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

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

Synergetics DCS, Inc.

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

2. Mississippi 3. 64-0897565
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/04/1998 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. December 1, 2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 501 Hwy. 12 West, Suite 100, Starkville, MS 39759
(Principal office address)

Post Office Box 80264, Starkville, MS 39760
(Current mailing address)

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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

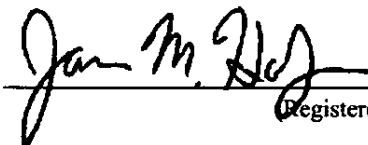
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. 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.



James M. Halpin
Assistant Secretary

(Registered agent's signature)

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.

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

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A. DIRECTORS

Chairman: _____

Address: _____

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TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: James Raines

Address: 501 Hwy. 12 West, Suite 100
Starkville, MS 39759

Director: David Palmer

Address: 501 Hwy. 12 West, Suite 100
Starkville, MS 39759

B. OFFICERS

President: James Raines

Address: 501 Hwy. 12 West, Suite 100

Vice President: _____

Address: _____

Secretary: David Palmer

Address: 501 Hwy. 12 West, Suite 100, Starkville, MS 39759

Treasurer: David Palmer

Address: 501 Hwy. 12 West, Suite 100, Starkville, MS 39759

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

12. David Palmer

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.

13. David Palmer, Secretary/Treasurer

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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 4th day of June, 1998, the State of Mississippi issued a Charter/ Certificate of Authority to

SYNERGETICS DIVERSIFIED COMPUTER SERVICES, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said SYNERGETICS DIVERSIFIED COMPUTER SERVICES, INC. is in good standing at this time.

Given under my hand and seal of office
the 21st day of November, 2014

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN14002971

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>