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| (A | ddress) | |
| (C | city/State/Zip/Pho | ne #) |
| PICK-UP | | MAIL |
| (B | Business Entity Na | ime) |
| (C | Document Numbe | r) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to | o Filing Officer: | |
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TELLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195 REFERENCE : 694669 7944521 AUTHORIZATION : July 2,2015 ORDER DATE : July 2, 2015 ORDER TIME : 2:33 PM ORDER NO. : 694669-015 CUSTOMER NO: 7944521

FOREIGN FILINGS

NAME: ANOVA GROUP, INC.

XXXX_ QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: New Filing Section Division of Corporations

Anova Group, Inc.

Name of corporation - must include suffix

Certified Copy

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:

Kim B. Winslow

| | Nam | e of Person | |
|--|---|--|--|
| Anova Group, Inc. | | | |
| ************************************** | Firm | /Company | |
| 200 Malaga Street, Su | ite #2 | | |
| | / | Address | |
| St. Augustine, FL 3208 | 34 | | |
| | City/Su | ate and Zip code | |
| kwinslow@anovafinan | | ł. | |
| | E-mail address: (to be u | used for future annual report | rt notification) |
| For further information Kim B. Winslow | concerning this matter, ple | ase call: 266-8293 | |
| Name of Perso | at (on A |) arca Code & Daytime Tele | phone 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 & |



MEPARTMENT OF STATE 15 JUL -7 AM 10:58

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2015

CORPORATION SERVICE COMPANY COURTNEY WILLIAMS

RESUBMIT Please give original submission date as file date.

SUBJECT: ANOVA GROUP, INC. Ref. Number: W15000045257

We have received your document for ANOVA GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 715A00013973

www.sunbiz.org

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.

Anova Group, Inc.

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

| (If name unavail | able in Florida, enter alternate corporate name | adopted for the purpose of transacting | ng business in Florida) |
|-------------------------|---|---|-------------------------|
| North Carolina | 3 | | |
| (State or counti | | (FEI number, if a | oplicable) |
| April 14, 2015 | | perpetual 5. | |
| (Date of incorporation) | | (Duration: Year corp. will ccase to exist or "perpetual") | |
| · | | in Filential (Construction (Security) | |
| | | in Florida, if prior to registration) 502. F.S., to determine penalty liabil | ity) |
| 112 West Eden | Street, Edenton NC 27932 | | |
| | (Principal office add | iress) | |
| 200 Malaga Str | eet, Suite #2, St. Augustine FL 32084 | | |
| <u></u> | (Current mailing add | lress) | 15 J TALI |
| . Name and <u>stree</u> | et address of Florida registered agent: (P. | O. Box <u>NOT</u> acceptable) | DRETTIN |
| Name: | Corporation Service Company | | SEE. |
| Office Address: | 1201 Hays Street | | 1 9: 41 F STAT |
| | Tallahassee | 32301 , Florida | RIDA |
| | (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.

Corporation Service Company



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.

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

A. DIRECTORS

-

| Chairman | Kim B. Winslow |
|----------------------------|--|
| Address: | 200 Malaga Street, Suite #2 |
| | St. Augustine, FL 32084 |
| Vice Chai | man: |
| | |
| _ | |
| Director: | |
| Address: | |
| - | |
| Director: | |
| Address: _ | |
| - | |
| B. OFFI | CERS |
| President: | Kim B. Winslow |
| Address: _ | 200 Malaga Street, Suite #2 |
| : | St. Augustine, FL 32084 |
| Vice Presic | lent: |
| Address: _ | n |
| _ | |
| Secretary: | Derek R. Blair |
| Address: _ | 200 Malaga Street, Suite #2, St. Augustine FL 32084 |
| Treasurer: | |
| Address: _ | |
| NOTE: If | f necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 12. <u>- '</u> | BUSS |
| are true an a third deg | Signature of Director or Officer r or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein d that he or she is aware that false information submitted in a document to the Department of State constitutes tree felony as provided for in s.817,155, F.S. |

13. Kim B. Winslow, President



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

ANOVA GROUP, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 14th day of April, 2015, 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 2nd day of July, 2015.

Elaine I. Marshall

Secretary of State

Certification# 97286736-1 Reference# 12661365-ACH Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification