

F 1500000 7775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

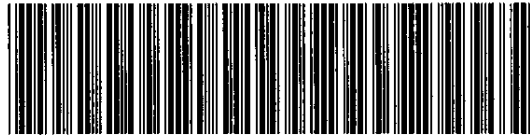
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

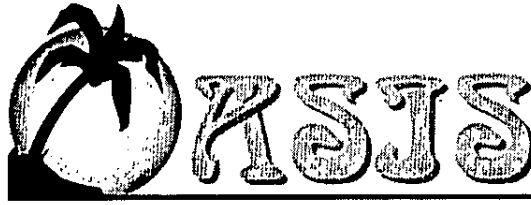


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15 JUL 31 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 03 2015
J SHIVERS



Optimal And Strategic Information Solutions Corporation

July 24, 2015

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed, please find an application for Foreign Corporation to Transact Business in Florida. I have included a print-out of the approval for Certificate of Existence from the State of North Carolina. Unfortunately, they only issue certificates online, and the online link to verify the account is included at the bottom of the document. You may verify the document online at www.secretary.state.nc.us/verification and enter the Certification # 97315000.

Also enclosed, please find a check to cover the Filing Fee and Certificate of Status of our business.

We look forward to conducting business with the state of Florida.

Best Regards,

Angela Edwards
President – OASIS Corporation

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optimal And Strategic Information Solutions Corporation
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:

Angela Edwards
Name of Person
Optimal And Strategic Information Solutions Corp /dba- OASIS Corporation
Firm/Company
5601 Landerwood Drive
Address
Greensboro, NC 27405
City/State and Zip code
aedwards@oasiscorporation.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Edwards at (336) 375-8717
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. Optimal And Strategic Information Solutions Corporation
(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. North Carolina 3. 56-2030022
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/21/1997 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. 6/1/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5601 Landerwood Drive, Greensboro, NC 27405
(Principal office address)

Same as above
(Current mailing address, if different)

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

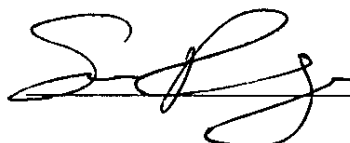
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

 on behalf of InCorp Services, Inc.
(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.

**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. Optimal And Strategic Informations Solutions Corporation
(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. North Carolina 3. 56-2030022
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/21/1997 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Registered agent's signature)

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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

OPTIMAL AND STRATEGIC INFORMATION SOLUTIONS CORPORATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 21st day of May, 1997, with its period of duration being Perpetual.

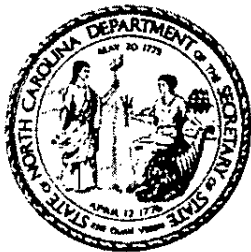
I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions 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.

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SECRETARY OF STATE
RALEIGH, NORTH CAROLINA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of July, 2015.

Elaine F. Marshall

Secretary of State



Scan to verify online.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Angele Edwards

Address: 5601 Landerwood Drive, Greensboro, NC 27405

Vice President: Matthew Edwards

Address: 5601 Landerwood Drive, Greensboro, NC 27405

Secretary: Matthew Edwards

Address: Same as above

Treasurer: Angele Edwards

Address: Same as above

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Angele Edwards

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