

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

IHC Carrier Solutions, Inc.

Certificate of Status	0
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8/17/2015 10:27:55 AM From: To: 8506176383(2/5)

COVER LETTER

TO:		ation So n of Co									
SUBJE	CT:	IHC C	arric	r Solution	s, Inc.						
				N	ame of o	огро	ration	- п	ust include suffix		····
Dear Si	r or Ma	dam:									
"Certific	cate of l	Existent	30," (or "Certif	lcate of	Good	d Stan	din	horization to Transa g" and check are sub n Florida.	ct Bi mitt	usiness in Florida," ed to register the
Please r	eturn al	l corres	pond	ence con	cerning	this r	natter	to 1	the following:		
		Alison	Gala	nte							
		-				Nan	ne of l	crs	ion		
		IHC C	arri c r	Solutions	, Inc.						
						Firm	/Com	pan	у		
		485 M	adiso	n Avenue,	14th Pla	or, N	ew Yo	rk, 1	NY 10022		
							Addre	55			
		Now '	York,	NY 100	22						
					C	ity/Si	tate ar	ıd Z	ip code		
		agalaı	ste@:	sslicny.co	m						
			E	-mail ad	dress: (1	o be i	used f	or f	uture annual report r	otifi	cation)
For furti	her info	rmation	соле	ceming th	nis mett	er, ple	ease c	all:			
Alison	Galante				at (, 2:	12	,	355-4141		
	Name	of Perso	n		at 1	Area	Code	/ _ ;	Daytime Telepi	ноле	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	d is a ch	eck for	the i	following	amoun	l:					
□ \$ 70.0	00 Filin	g Fee	0	\$78.75 E Certific			۵		8.75 Filing Fee & ertified 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. I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

"Ine.," "Co.," "C	Solutions, Inc. orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"					
(If name unavails	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)					
Delawan	,	46-3754615					
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)					
9/26/2013	5.	Perpetual					
(Date	of incorporation) 5.	(Date of duration, if other than perpetuel)					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15)	Florida, if prior to registration) 02, F.S., to determine penalty liability)					
2101 W. Peori	a Avc., Suite 100, Phoenix, Arizona 85029	* * * *					
	(Principal	al office address)					
485 Madiso	n Avenue, 14th Floor, New York, NY 10022						
	(Current mailing	g address, if different)					
Name:	C T Corporation System						
ffice Address:	1200 South Pine Island Road						
fice Address:	Plantellon FT 33324						
fice Address:		, Florida(Zip code)					

II. Nan	nes and business addresses of officers and/or directors:			
	ECTORS			
Chairman	-			
Address:				t
	Vacant			
Vice Cha	irman:			 -
Address:				
,				
Director:				
Address:	485 Madison Avenue, 14th Floor, New York, NY 10022			
Director:	Teresa A. Herbert			
Address:	495 Medican Avenue 14th Floor New York NY 10000	·····		······································
/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
B 086	IORRA			
B. OFF	David T Kettio			
President:				
Address:	485 Madison Avenue, 14th Floor, New York, NY 10022			
				 ,
Vice Pres				
Address;	2101 W. Peoria Ave., Suite 100, Phoenix, Arizona 85029		, _	
Secretary:	Loan Nisser			
Address:	10CM 2 100 100 100 100 100 100 100 100 100 1			
Treasurer	David T. Kettis			
Address:	485 Madison Avenue, 14th Floor, New York, NY 10022			
,				
	If necessary, you may attach an addendum to the application listing additional officer	rs and/or d	grèctors.	•
12	Signature of Director or Officer			
	er or director signing this document (and who is listed in number 11 above) affirms t			
	and that he or she is aware that false information submitted in a document to the Depa egree felony as provided for in s.817.155, F.S.	~ ~	See co	nstitutes
13,	Loan Nisser, Secretary		AUG	1, 1
	(Typed or printed name and capacity of person signing application)	33	-	(Franklin
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Delaware

PAGE 1

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IHC CARRIER 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 TWELFTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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Damm. 00 10 15

AUTHENTACATION: 2638546

DATE: 08-12-15

Jeffrey W. Bullock, Secretary of State

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