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(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone	; #)		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
				





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 AUG 24 PH 3: 31

K.SALY EXAMINER AUG 25 2015

COVER LETTER

TO:	FO: Registration Section Division of Corporations					
CLIDI	EARVISIO					
SORI	ECT:	Name	of corporation	n - must include suffix		
Dear S	Sir or Madam:		·			
"Certi		" or "Certificat	e of Good Sta	nding" and check are si	sact Business in Florida," ubmitted to register the	
	return all correspo TEN PRULL MOON		ning this matte	r to the following:		
		· · · · · · · · · · · · · · · · · · ·	Name of	Person		
MOON	NAN STRATTON &	WALDMAN LI	_P			
-	· ·· · · · · · · · · · · · · · · · · ·		Firm/Con	npany	1401	
120 W	AYLAND AVENUE	SUITE 5				
			Addr	ess		
PROV	IDENCE RI 02906		* - *,	i		
			City/State a	nd Zip code		
CMAS	SSE@MSWRI.COM					
	·· · · · · · · · · · · · · · · · · · ·	E-mail addres	s: (to be used	for future annual repor	t notification)	
For fu	rther information co	oncerning this r	matter, please	call:		
CHER	YL MASSE		401	272 6300		
	Name of Person		at (e Daytime Tele	phone Number	
Enclos	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL	on orations enter Circle 32301		MAILING Registration Division of OP.O. Box 63: Tallahassee,	Section Corporations 27	
= \$ 70	0.00 Filing Fee	■ \$78.75 Filin Certificate		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

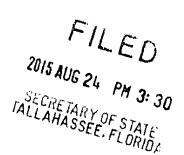
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

N/A	Corp," "inc," "Co," or "Corp.")	4
RHODE ISLA	ND	pted for the purpose of transacting business in Florida)
(State or count APRIL 15, 200	ry under the law of which it is incorporated)	(FEI number, if applicable)
	e of incorporation) 5.	(Date of duration, if other than perpetual)
	(SEE SECTIONS 607.1501 & 607.1502, N BLVD., SUITE 2001 WARWICK, RI 02886	F.S., to determine penalty liability)
	· · · · · · · · · · · · · · · · · · ·	·
	(Current mailing ac	ddress, if different)
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. B PARACORP INCORPORATED	AUG 24 PM 3: 3U SECTETARY OF STATE STATE FLORID
Office Address:	155 OFFICE PLAZA DRIVE 1ST FLOOR	STAT 3: 3
	TALLAHASSEE	
	(City)	(Zip code)
Having been nam	application, I hereby accept the appointment	of process for the above stated corporation at the pla t as registered agent and agree to act in this capacity live to the proper and complete performance of my
urther agree to c	amiliar with and accept the obligations of my	v position as registered agent.

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:	FILED 2015 AUG 24 PM 3.30
A. DIRECTORS	2015 Aug
Chairman: N/A	AUG 24 PM 2.
Address:	TALLAH TARY OF S
Auditess.	TALLAHASSEE, FLORIDA
Vice Chairman: N/A	
Address:	
N/A Director:	
Address:	
Director:	
Address:	
B. OFFICERS MICHAEL ANDREOZZI President: 931 JEFFERSON BLVD., SUITE 2001	
Address:	
WARWICK, RI 02886	
Vice President:	
931 JEFFERSON BLVD., SUITE 2001 Address:	
WARWICK, RI 02886	
AMY ANDREOZZI	
Secretary: SAME AS ABOVE	
Address: MICHAEL ANDREOZZI Treasurer:	
SAME AS ABOVE Address:	
NOTE: If necessary, you may attach an addendum to the application listing	og additional officers and/or directors
	ig additional officers and/or directors.
12. Signature of Director or Office	
The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a do a third degree felony as provided for in s.817.155, F.S.	11 above) affirms that the facts stated herein cument to the Department of State constitutes
13. <u>Michael Andreorc</u>	
(Typed or printed name and capacity of person sig	ning application)



STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 8/3/2015

ENTITY NAME: EARVISION, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Sharon Cooke, Assistant Secretary

Sharon Coope

Paracorp Incorporated



FILED

2015 AUG 24 PM 3: 30

SEURETARY OF STATE
ALLAHASSEE, FLORIS

Certification Number:

15070068850

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

EARVISION, INC.

a Rhode Island corporation, filed original articles of incorporation in this office on

April 15, 2002

Effective

April 15, 2002

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

Tulli U. Soler

Thursday, July 30, 2015

Secretary of State

Authorized Agent

Thisten & Yy

