

F15000004730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

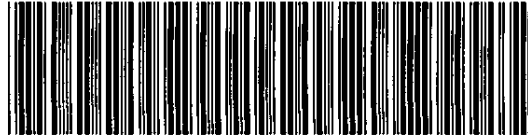
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/22/15--01016--016 **78.75

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15 OCT 26 PM 2:20

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TALLAHASSEE, FLORIDA

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2015 OCT 23 P 11:32

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TALLAHASSEE, FLORIDA

OCT 26 2015

S MASON



October 26, 2015

Stacey Mason
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Network Innovation Associates, Inc.
Tax ID: 73-1704638

Dear Ms. Mason:

P15000041106

This confirms that the Domestic corporation of Network Innovation Associates, Inc., was filed in error, that we have no intention of reinstating the domestic corporation, and we are releasing the name for the foreign corporation.

Again, thank you for your call. I greatly appreciate it. If you need anything else, please let me know.

Sincerely,

Vanessa McMurry

Vanessa McMurry



October 20, 2015

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

Re: Network Innovation Associates, Inc.
Tax ID: 73-1704638
Close Domestic Corp Created in Error & Form New Foreign Corp to Correct

Dear Sir or Madam:

Please find enclosed two documents related to Network Innovation Associates, Inc., which was filed as a domestic corporation on May 6, 2015 in error. I should have filed it as a foreign corporation, since it is incorporated in Nevada, and need to correct the error.

Could you please first process the enclosed *Dissolution of the Domestic Corporation* and then process the enclosed *Application by Foreign Corporation for Authorization to Transact Business in Florida* for Network Innovation Associates, Inc., a Nevada corporation, tax id 73-1704638, to correct the error?

Network Innovation Associates began first transacting business July 1, 2015 under the original filing.

I've also enclosed two checks; a check in the amount of \$35.00 to process the dissolution of the existing domestic corporation and a check in the amount of \$78.75 for the filing fee and a certificate of status of the new foreign corporation.

Thank you for your assistance. If you have any questions or need me to correct any documents, please don't hesitate to call me directly at 386-679-6110.

Very truly yours,

A handwritten signature in black ink, appearing to read "Vanessa McMurry".
Vanessa McMurry

Enc

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Network Innovation Associates, 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:

Vanessa McMurry

Name of Person

Network Innovation Associates

Firm/Company

PO Box 731269

Address

Ormond Beach, FL 32173-1269

City/State and Zip code

vlm@niasat.com

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

For further information concerning this matter, please call:

Vanessa McMurry

at (386) 679-6110

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. Network Innovation Associates, Inc.

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

Network Innovation Assoc, Inc.

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

2. Nevada 3. 73-1704638

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 05/18/2004

5. _____

(Date of incorporation)

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 475 South Nova Road, Ormond Beach, FL 32174

(Principal office address)

PO Box 731269, Ormond Beach, FL 32173-1269

(Current mailing address, if different)

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

Name: Vanessa McMurry

Office Address: 475 S Nova Rd

Ormond Beach

(City)

, Florida 32174

(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.



(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Vanessa McMurry

Address: 475 S Nova Road

Ormond Beach, FL 32174

Vice President: _____

Address: _____

Secretary: Vanessa McMurry

Address: 475 S Nova Road, Ormond Beach, FL 32174

Treasurer: _____

Address: _____

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.  _____

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

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2015 OCT 23 PM 4:32
SECRETARY OF STATE
TAMARAC, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NETWORK INNOVATION ASSOCIATES, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 18, 2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 28, 2015.

BARBARA K. CEGAVSKE
Secretary of State



Electronic Certificate
Certificate Number: C20150928-0738
You may verify this electronic certificate
online at <http://www.nvsos.gov/>