

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	nini i a a f ca				ぞ え
	Division of Co	_		100	<u>1</u>
	Fax Number	:	(850)617-6383	72.5	
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From:)
	Account Name	:	C T CORPORATION SYSTEM	戸の	ب
	Account Number	:	FCA000000023	OR TA	
	Phone	:	(850) 205-8842		~
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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 Inviacom, Inc.

Certificate of Status	0
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Page Count	05
Estimated Charge	\$70.00

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COVER LETTER

TO:	Registration 8 Division of C					
SUBJ	ECT: Invisco:	n, Inc.				
		Nam	e of corporat	ion - mu	st include suffix	
Dear S	ir or Madam:					•
"Certif	icate of Exister		ite of Good S	tanding'	" and check are su	act Business in Florida," bmitted to register the
Please	return all corre	spondence concer	rning this mat	ter to th	e following:	
	Inviacom, Ir	nc.				
			Name	of Perso	n	
	Carde Cobb	s				
			Firm/C	ompany		
	12316 Hidden F	orest Blvd.	•			
			Ad	dress		
	Oklahoma C	City, OK 73142				
			City/State	and Zi	p code	
regcom	pliance@telecom	npliance.net				
		E-mail addre	ss: (to be use	d for fu	ture annual report	notification)
For fur	ther information	n concerning this	matter, pleas	e call:		
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Englace.	Registration So Division of Co Clifton Bulldir 2661 Executive Tallahassee, Fl	rporations ng e Center Circle			MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
	00 Filing Fee	S78.75 Fili Certificate	ng Fee &		75 Filling Fee & ified Copy	S87.50 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.

2. North Carolina			adopted for the purpose of transacting business in Florida; 46-1744770	•			
·	ry under the law of which it is incorporated)		(FEI number, if applicable)	_			
12/13/2012		5.	Perpetual				
(Date of incorporation)			(Date of duration, if other than perpetual)				
04/21/2016							
2022 No. Down	(SEE SECTIONS 607,1501 & 60°		Florida, if prior to registration) 02, F.S., to determine penalty liability)				
2022 Van Buren	Ave., Indian Trail, NC 28079 (Prin	ncip	al office address)	_			
			· · · · · · · · · · · · · · · · · · ·				
same	(Current ma	illin	g address, if different)	-			
Name and street	<u>et address</u> of Florida registered agent: (P.O	. Box NOT acceptable)	7			
Name:	C T Corporation System			D U			
ffice Address:	1200 South Pine Island Road		1/ARY	ت -			
	Plantation		, Florida 33324	*			
	(City)		(Zip code)				
aving been namesignated in this erther agree to c	application, I hereby accept the appoin	ntm s re	re of process for the above stated corporation at the ent as registered agent and agree to act in this cap lative to the proper and complete performance of t	e p ac			
	C T Corporation System						

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:	1
A. DIRECTORS	: :
Chairman:	
Address:	
Vice Chairman:	
Address:	
•	
Director:	
Address:	· ·
Director:	
Address:	;
	TALE
B. OFFICERS	× 3 5 17
	- Andrews
Addition 2022 Von Buren Aug	
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	을고 있
Vice President:	
Address:	
Secretary	
Secretary:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	
12.	ng adultional officers and/or directors.
Signature of Director or Officer	r
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 dot a third degree felony as provided for in s.817.155, F.S.	11 above) affirms that the facts stated herein
13. Richard Warmath, President	
(Typed or printed name and capacity of person sign	ning application)



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

INVIACOM, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 14th day of December, 2012, 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.

Certification# 98386422-1 Reference# 13055909- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of April, 2016.

Elaine J. Marshall

Secretary of State