# F17000000839

(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:			





100295408861

02/21/17--01017--026 \*\*78.75



## **COVER LETTER**

TO: Registration Sec Division of Cor				
SUBJECT:		nons, Inc		
	Name of corporat	ion - must include suffix		
Dear Sir or Madam:				
"Certificate of Existenc	ion by Foreign Corporation e," or "Certificate of Good S n corporation to transact bus	Standing" and check are sub		
Please return all corresp	ondence concerning this ma	atter to the following:		
Mas	va L. Sadle	of Person		
Vara		company Inc.	<del></del>	
677	10 5, 900	E. Suite		
Sal	+ Lake City	te and Zip code	ΓĖ	
Wanya	•	ed for future annual report	hous, com	
For further information	concerning this matter, plea	se call:		
Maria Sadk Name of Perso	<u> </u>		hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of Co P.O. Box 632	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. (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)

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

87 - 0587419

(FEI number, if applicable) May 06 1998 5.

(Date of incorporation) (Date of duration, if other than perpetual)

November 7 Zello

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

900 East Suite 202 Soft Lake City UT 84047 (Principal office address)

(Current mailing address, if different)

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

Name:

Office Address:

Cary Burns

715 Contenary Loop # 203

Lake Mary , Florida 32746
(Cip 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.

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:

A. DIKE	TORS	
Chairman:	Galen Murdaix	
Address: _	4038 Parkview Drive	
	Salt Lake City, UT 84124	
Vice Chairn	nan:	
Address: _		
Director: _	Michael Richards	
Address: _	2874 Filmore ST.	. II HERIELI
_	Salt Lake City, UT 84106	No.
Director: _	Danyelle Murdock	7 FEB
	4038 Parkview Drive	SS 20 amusi
	Soit Lake City, UT 84124	
B. OFFIC	ERS	ASSEE FLOR
President: _	Galen Murdock	7: 41 STATE LORRIDA
Address: _	4038 Parkview Drive	
	Salt Lake City, UT 84124	
Vice Preside	ent: Marva Sadler Chief Finance	al Office
	9 South 100 West	_
_	Kaysuille, UT 84037	
Secretary:	\	
Address: _		
Treasurer:		
Address: _		
NOTE: If	necessary, you may attach an apdendum to the application listing additional officers	and/or directors.
12	Mam I Sadl	
	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that	t the facts stated herein
are true an	d that he or she is aware that false information submitted in a document to the Departure felony as provided for in s.817.155, F.S.	
13.	Maria L. Sadlor Chief Financial Office	· ·
- · <u></u>	(Typed or printed name and capacity of person signing application)	<b></b>



#### **Utah Department of Commerce**

#### **Division of Corporations & Commercial Code**

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

01/16/2017 1406351-014201162017-2584467

## CERTIFICATE OF EXISTENCE

**Registration Number:** 

1406351-0142

**Business Name:** 

VERACITY SOLUTIONS, INC.

**Registered Date:** 

May 06, 1998

**Entity Type:** 

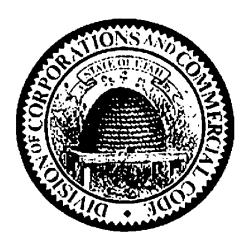
Corporation - Domestic - Profit

**Current Status:** 

**Good Standing** 

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.

Hathy Berg



Kathy Berg Director

Division of Corporations and Commercial Con