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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Dustiness Fields Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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SECRETARY OF STATE
ALL AHASSEE EL COM.

D. SCOTT MAR 1 5 2017

COVER LETTER

TO:	Registration Section Division of Corporations						
CHE	•	ecom Services, IN	C.				
SUD	EC1;	Name	of corporation -	- must include suffix	······································		
Dear S	Sir or Madam:						
"Certi above	nclosed "Application of Existence referenced foreign return all correspondences."	or "Certificate", corporation to t	of Good Stand ransact busines		et Business in F mitted to regist	Florida," ter the	
Oliver	M. Owens			•			
		,	Name of P	crson			
Owen	s Telecom Services,	INC.				TAKE T	
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204 R	evere Court					ARY ASSI	1
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milt.o	wens@owenstelecor	n.com					
		E-mail address	s: (to be used for	or future annual report r	notification)		
For fu	rther information of	concerning this n	natter, please ca	all:			
Oliver M. Owens			615 at (459-2532			
	Name of Person	l	Area Code	Daytime Telep	hone Number	44	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclo	sed is a check for t	he following am	ount:				
1 \$7	0.00 Filing Fee	☐ \$78.75 Filin Certificate		\$78.75 Filing Fee & Certified Copy	S87.50 Find Sertification Certified	ite of Status &	

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. Owens Telecom Services, INC. l. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "he.." "Co.," "Corp," "lnc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Tennessee 62-1797324 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 204 Revere Court, Smyrna, TN 37167 (Principal office address) Same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **Business Filings Incorporated** Name: 1200 South Pinc Island Road Office Address: Plantation Florida (City) (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.

Will Mark Williams, AVP Business Filings Incorporated (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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _____ Vice Chairman: _____ Address: Director: **B. OFFICERS** Oliver M. Owens President: 204 Revere Court Address: Smyrna, TN 37167 Vice President: Joy M. Owens Secretary: 204 Revere Court, Smyrna, TN 37167 Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Oliver M. Owens, President

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



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

OLIVER M OWENS

204 REVERE COURT **SMYRNA, TN 37167**

February 7, 2017

Request Type: Certificate of Existence/Authorization

Request #:

0228219

Issuance Date: 02/0

Copies Requested:

Filing Fee:

520.00

Receipt #: 003099736

Payment-Credit Card - State Payment Center - CC #: 3694245140

Regarding:

OWENS TELECOM SERVICES, INC.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 10/11/1999

Status:

Active

Duration Term:

Perpetual

Business County: RUTHERFORD COUNTY

Control #:

378317

Date Formed:

10/11/1999 Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

Document Receipt

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

OWENS TELECOM SERVICES, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 021079425