Division of Corporations Electronic Filing Cover Sheet

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(((H17000096381 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008 Phone

: (850)777-2091

Fax Number

: (770)220-1943

\*\*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 VIEROL CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Electronic Filing Menu

Corporate Filing Menu

Help

### **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	Vierol Corporation			
COBOLIC I.	Name	e of corporation	- must include suffix	<del></del> -
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign of Existence," or "Certificated foreign corporation to	ite of Good Stani	ling" and check are su	
Please return	all correspondence concer	ming this matter	to the following:	
Elissa Hart				
····		Name of F	erson	
Smith, Gambre	ell & Russell, LLP	•		
		Firm/Comp	pany	
1230 Peachtree	St. NE, Suite 3100			
		Addre	55	
Atlanta, GA 30	1309			
		City/State an	d Zip code	
ehari@sgrlaw.				
	E-mail addre	ss: (to be used for	r future annual report	notification)
For further int	formation concerning this	matter, please ca	ıll: '	
Elissa Hart		404 at (	815-3500	
Name	e of Person	A rea Code	Daytime Telep	phone Number
Regis Divisi Clifto 2661	EET/COURIER ADDRE tration Section ion of Corporations in Building Executive Center Circle massee, FL 32301	SS:	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclosed is a	check for the following an	nount:		
■ \$70.00 Fili	ing Fee		\$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.

	(FEI number, if application)	
5	(Date of duration, if other th	
	(Date of duration, if other th	
husiness in Flo		ian perpetual)
husiness in Flo		
1 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability	<i>'</i> )
8		
(Principal o	ffice address)	
		28
rrent mailing ac	idress, if different)	
canti (D () D	ox NOT acceptable)	美国
gent: (r.O, D	ox MOT acceptable)	SS20
<del></del>		三年 至
	_	
	- Florida 32202	11.00 11.00 11.00 11.00
<del></del>	(Zip code)	<b></b>
		Florida 32202 (Zip code) cept service of process for the above stated

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.

2017 April EL				
2017 APR 10 AM 9, 44 ALLAHASSEE, FLORID.				
···				
al officers and/or directors.				
affirms that the facts stated herein the Department of State constitutes				

	ECTORS	ALLAS MARTHE
Chairman		ALLAHASSEE, FLORID.
Address:		
Vice Chai	irman:	
Address:		
Director:	Juergen K. Kiesc	
Address:	1170 Howell Mill Rd., Suite 300	
	Atlanta, GA 30318	
Director:	Ulf Koschig	
Address:	1170 Howell Mill Rd., Suite 300	
	Atlanta, GA 30318	
B. OFF:	Maryin Kreuz	
Address;	1170 Howell Mill Rd., Suite 300	
,	Atlanta, GA 30318	
Vice Presi	ident:	
Address:		
Secretary:		
Address:	1230 Pcachtree St., NE, Suite 3100, Atlanta, GA 30309	
Treasurer:	Juergen K. Kiese	
Address:	1170 Howell Mill Rd., Suite 300, Atlanta, GA 30318	
	If necessary, you may attach an addendum to the application listing addition	
The offic are true a a third de	Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to egree felony as provided for in s.817.155, F.S. s-Michael Kraus - Secretary	affirms that the facts stated herein the Department of State constitutes
	(Typed or printed name and capacity of person signing applic	ation)

Control Number: 11083150

### STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

THER TO MY 9. W. I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### VIEROL CORPORATION

#### a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number Date Inc/Auth/Filed Jurisdiction Farm Number

: 14464367 :11/04/2011 : Georgia : 04/07/2017



Secretary of State

850-617-6381

4/10/2017 8:22:21 AM PAGE 1/001 Fax Server



April 10, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRIAD PROFESSIONAL SERVICES

SUBJECT: VIEROL CORPORATION

REF: W17000030785

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

An individual must sign on behalf of the business entity you have designated as the registered agent.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II FAX Aud. #: H17000096381 Letter Number: 317A00006812

IALLARENCE CONTRACTOR