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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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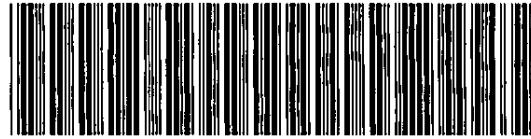
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 JUL 11 AM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 13 2017

J SHIVERS



Courtney E. Wimsatt

Paralegal

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E-mail CWimsatt@bgdlegal.com

July 10, 2017

VIA UPS OVERNIGHT DELIVERY

Florida Secretary of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *National OnDemand, Inc.*

Dear Sir or Madam:

Enclosed for filing are one (1) original and one (1) copy of an Application for Foreign Corporation for Authorization to Transact Business for National OnDemand, Inc., which is organized in the state of Indiana.

Also enclosed is a Certificate of Existence from the Indiana Secretary of State and our firm's check in the amount of \$70 as payment of the filing fee for the enclosed application for registration.

I have also enclosed a self-addressed UPS return label for your convenience in returning the authorization to me. Thank you for your attention to this matter.

Please do not hesitate to contact me directly at the telephone number listed above, if you have any questions regarding this request.

Best regards,

Courtney Wimsatt
Paralegal

Enclosures

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3500 National City Tower, 101 South Fifth Street
Louisville, KY 40202

502.589.4200 main

502.587.3695 fax

www.bgdlegal.com

**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.*

National OnDemand, Inc.

1. _____
(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)

Indiana

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4/13/2017

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

2579 Eric Lane, Suite M, Burlington, NC 27302

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: Capitol Corporate Services, Inc.

Office Address: 155 Office Plaza Dr., Ste. A

Tallahassee, Florida 32301
(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.

Delanie Case, asst. sec.
(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: See attached Exhibit A

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: See attached Exhibit A

Address:

Vice President:

Address:

Secretary:

Address:

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. Douglas, Boteler, CEO, President, and Treasurer

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXHIBIT A

FL APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS

Names and addresses of officers and directors:

1. Douglas C. Boteler, Director, CEO, President and Treasurer, PO Box 450, Mebane, NC 27302
2. Timothy S. Standafer, Director, COO, Vice President and Secretary, PO Box 450, Mebane, NC 27302

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

NATIONAL ONDEMAND, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 17, 2017, and was in existence or authorized to transact business in the State of Indiana on July 07, 2017.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 07, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201704171191157 / 2017350646

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>