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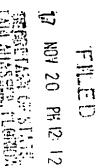
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### **COVER LETTER**

Division of Corporations				
ITV Associates, Inc.				
SUBJECT:	nf corporat	ion - n	nust include suffix	
Name	or corporat	1011 - 11	usi merade sarrix	
Dear Sir or Madam:				
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to t	of Good S	Standin	g" and check are submi	
Please return all correspondence concern Kathryn Whitten	ing this ma	tter to	the following:	
-	Name	of Pers	5011	
ITV Associates, Inc.				
	Firm/C	ompar	V	
1845 South Lee Court, Suite C		•	•	
	Α.	ldress		
Buford, GA 30518				
	City/Stat	e and S	/in code	···-
licenses@itvassociates.net	City/Stai	ic and z	np code	
E-mail addres	s: (to be us	ed for i	uture annual report not	ification)
			·	,
For further information concerning this n	natter, plea	se call:		
Kathryn Whitten		730-8800		
Name of Person	at (		Daytime Telepho	no Mumbor
Name of Person	Meac	Jode	Daytine Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301				
Enclosed is a check for the following am	ount:			
☐ \$70.00 Filing Fee ☐ \$78.75 Filir Certificate			78.75 Filing Fee & ertified 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. 1TV Associates, Inc. i. (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) 58-2082596 Georgia (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) 01/01/2018 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1845 South Lee Court, Suite C, Buford, GA 30518 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Sarah Miles Name: 1524 Hillview Lane Office Address: Tarpon Springs , 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. 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 Naines and business addresses of officers and or directors	
a. directors	
Chorman	
Address	
Vice Charman	
Address	
Donate	
Address:	
Director	
Address:	ा अ
B. OFFICERS	
President	20
1135 Bend Creek Trail Address:	上 · · · · · · · · · · · · · · · · · · ·
Address: Suwance, GA 30024	<b>第一</b> る
Vice President	72 12
Address.	
Address.	
Charlotte F. Jones	
Secretary 1135 Bend Creek Froil, Suwance, GA 30024	
Address U Paul Jones	
Treasurer 1135 Bend Creek Trul, Suwance, GA 30024	
Address:	
NOTE: If necessary, you-may attach an addendum to the application listing add	itional officers and/or directors.
12 Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 about	(ve) affirms that the facts stated herein
are true and that he or she is aware that talse information submitted in a documer a third degree felony as provided for in \$ 817-155, F.S.	it to the Department of State constitutes
J. Paul Jones Traindant	
(Typed or printed name and capacity of person signing a	pplication)

Control Number: K328836

### STATE OF GEORGIA

## Secretary of State

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

#### CERTIFICATE OF EXISTENCE

1, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### ITV ASSOCIATES, INC.

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 : 14962129 Date Inc/Auth/Filed: 12/14/1993 Jurisdiction : Georgia Print Date : 11/16/2017

Form Number : 211



Brian P. Kemp Secretary of State