# F18000001775

| or's Name)                              |  |  |  |  |  |  |
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| e/Zip/Phone #)                          |  |  |  |  |  |  |
| WAIT MAIL                               |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certificates of Status                  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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SECRETARY OF STATE

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### **COVER LETTER**

| TO:          | Registration Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |          |                                                   |                                            |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|---------------------------------------------------|--------------------------------------------|
|              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |          |                                                   |                                            |
| SUB,         | JECT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |          |                                                   |                                            |
|              | Name o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of corporation | on - mu  | st include suffix                                 |                                            |
| Dear :       | Sir or Madam:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |          |                                                   |                                            |
| "Certi       | ificate of Existence," or "Certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of Good St     | anding   | " and check are sub                               |                                            |
|              | Division of Corporations  Mindspan Systems. Inc.  SUBJECT:  Name of corporation - must include suffix  Dear Sir or Madam:  The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.  Please return all correspondence concerning this matter to the following: Bernadette Dooley  Name of Person  Firm/Company  Sishop. Dulaney. Joyner & Abner, P.A.  Firm/Company  Sishop. Dulaney. Joyner & Abner, P.A.  Firm/Company  Size and Zip code  City/State and Zip code  Cich.edwards@mindspaninc.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sernadette Dooley  Total 945-9861  at (  Area Code Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32301  inclosed is a check for the following amount:  S70.00 Filling Fee S78.75 Filling Fee S78.75 Filling Fee |                |          |                                                   |                                            |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name o         | of Perso | on                                                |                                            |
| Bisho        | p, Dulaney, Joyner & Abner, P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |          |                                                   |                                            |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Firm/Co        | mpany    |                                                   |                                            |
| 4521         | Sharon Road - Suite 250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |          |                                                   |                                            |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A de           | drace    |                                                   |                                            |
| Charle       | otte, NC 28211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Add            | 11088    |                                                   |                                            |
|              | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City/State     | and Zi   | p code                                            |                                            |
| rich.e       | dwards@mindspaninc.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |          |                                                   |                                            |
|              | E-mail address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (to be use     | d for fu | ture annual report r                              | notification)                              |
| For fu       | orther information concerning this ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | atter, pleas   | e call:  |                                                   |                                            |
| Berna        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . •            |          | 45-9861                                           |                                            |
| *            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \ <u> </u>     |          | Daytime Telep                                     | none Number                                |
|              | Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S:             |          | Registration S<br>Division of Co<br>P.O. Box 6327 | ection<br>orporations                      |
| Enclo        | sed is a check for the following amo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | unt:           |          |                                                   |                                            |
| <b>3</b> \$7 | 0.00 Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |          | 3.75 Filing Fee & rtified Copy                    | S87.50 Filing Fee, Certificate 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.

| Mindspan Syst                       | ems, Inc.                                                               |                                                 |                                 |  |  |
|-------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------|---------------------------------|--|--|
| (Enter name of c                    | orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | "COMPANY." "CORPORATIO                          | N,"                             |  |  |
| (If name unavail:<br>North Carolina |                                                                         | adopted for the purpose of transacti 82-4718290 | ng business in Florida)         |  |  |
| (State or countr<br>March 9, 2018   | y under the law of which it is incorporated)  5.                        | (FEI number, if a                               |                                 |  |  |
| (Date                               | of incorporation)                                                       | (Date of duration, if other than perpetual)     |                                 |  |  |
| 2530 Meridian F                     | Parkway Suite 300, Durham, NC 27713 (Princip                            | nal office address)                             | TALLAI                          |  |  |
|                                     | (Current mailin                                                         | ng address, if different)                       | PR 13                           |  |  |
| . Name and street                   | et address of Florida registered agent: (P.C. Dickson R. Robert         | D. Box <u>NOT</u> acceptable)                   | PH 2: 24<br>br state<br>Frorida |  |  |
| Office Address:                     | 900 Riggins Road. #724  Tallahassee                                     | <br>32308-2220<br>, 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.

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.

A. DIRECTORS Chairman: \_\_\_\_\_\_ Vice Chairman: Address: \_\_\_\_\_ Richard Y. Edwards Director: 2530 Meridian Parkway Suite 300 Address: Durham, NC 27713 Director: Address: **B. OFFICERS** Richard Y. Edwards President: 2530 Meridian Parkway Suite 300 Address: Durham, NC 27713 Vice President: \_\_\_\_\_ Address: \_\_\_\_\_ Secretary: Address: \_\_\_\_ 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. Richard Y. Edwards - President 13. (Typed or printed name and capacity of person signing application)

11. Names and business addresses of officers and/or directors:



# NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### MINDSPAN SYSTEMS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 9th day of March, 2018, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of April, 2018.

Elaine I Marshall

Secretary of State

Certification# 102277372-1 Reference# 14421113- Page; I of I Verify this certificate online at http://www.sosne.gov/verification