(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2018

CT CORP

SUBJECT: SKYWARD IO, INC. Ref. Number: W18000034325

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C

We have received your document for SKYWARD IO, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00007372



## CT Corp.

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	te: 4/11/20	018	4.18.18	ζ	<u>~</u>				
		Acc#	12016000007		3/3	10			
Name:	Skyward IO	, Inc.						<del></del>	7
Document #:								·	1
Order #:	10924230								
Certified Copy of Arts & Amend: Plain Copy:									- ] 
Certificate of Good Standing:		w <u>-</u> -			<del></del>				
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### **COVER LETTER**

	stration Section sioπ of Corporations			
SUBJECT	Skywyard IO Inc			
oobone.	Name of corporation - must include suffix			•
Dear Sir or N	Madam:			
"Certificate	d "Application by Foreign Corporation for Authorization to Transact Business in of Existence," or "Certificate of Good Standing" and check are submitted to regueed foreign corporation to transact business in Florida.			
Please return	all correspondence concerning this matter to the following:			
	Name of Person			-
*****	Firm/Company	<u></u>		-
	Address			-
	:	: •	2913	
	City/State and Zip code	•		ta nad managan
	E-mail address: (to be used for future annual report notification)			- i
For further i	nformation concerning this matter, please call:		). ∴ 	,
No.	at () me of Person Area Code Daytime Telephone Numbe		6	
iva	ne di Person Area Code Daytine Persone Plantoc	•		
Reg Div Clif 266	REET/COURIER ADDRESS: distration Section ision of Corporations iton Building 1 Executive Center Circle lahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is	a check for the following amount:			
□ \$70.00 £	Filing Fee Status \$78.75 Filing Fee & Status \$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy	icate c	f Statu	s &

# 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.

" "Inc," "Co," or "Corp.")				
·		-	-	
3. <u>4</u>	5-2987877			
der the law of which it is incorporated)	(FEI number, if ap	plicable)		
5.			_	
ncorporation)	(Date of duration, if other	than perpetual)		
			_	
		irv1		
·	2, 1.5., to determine penalty muon	,		
	I office address)		-	
•	Tomee addressy			
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<del></del>	Box <u>NOT</u> acceptable)	20 Egg	er er er er er	
200 South Pine Island Road		. <del></del>		
lantation			!	
(City)	(Zip code)		٠.	
1 - 1 - 3 - 1	der the law of which it is incorporated)  [Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150)  [Approximation of the second	der the law of which it is incorporated)  (FEI number, if ap 5.  (Date of duration, if other 65.  (Date of duration, if other 65.  (Date of duration, if other 65.  (Date of duration, if other 67.1501 & 607.1502, F.S., to determine penalty liability for any, Portland, Oregon 97204  (Principal office address)  (Current mailing address, if different)  (Current mailing address, if different)	(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)  ay, Portland, Oregon 97204  (Principal office address)  (Current mailing address, if different)  (Current mailing address, if different)  CT Corporation System  (Current penalty liability)  (Current mailing address, if different)  (Current mailing address, if different)  (CT Corporation System  (CT CORPORATION System S	

C T Corporation System

By: Terrie Bates, Assistant Secretary

(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: \_\_\_ (see attached exhibit) Vice Chairman: Address: Director: Director: Address: **B. OFFICERS** President: (See affached exhibit) Address: \_\_\_\_\_ Vice President: Ţ3 Secretary: \_\_\_ Address: \_\_\_\_ Treasurer: \_\_\_ 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

13. J. Daniel Mason, Assistant Secretary

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

a third degree felony as provided for in s.817.155, F.S.

SKYWARD IO, I	NC. – DIRECTORS AND OFFICERS	
<u>Name</u>	<u>Title</u>	Business Address
Frantz, John P.	Director	One Verizon Way Basking Ridge, New Jersey 07920
Noto, Jeffrey S.	Director	One Verizon Way Basking Ridge, New Jersey 07920
Vacant	President	One Verizon Way Basking Ridge, New Jersey 07920
Cammarata, David	G. Assistant Treasurer (for insurance purposes only)	One Verizon Way
Cordy, Scott L.	Vice President - Taxes	One Verizon Way Basking Ridge, New Jersey 07920
Frantz, John P.	Senior Vice President, General Counsel and Secretary	O Verison West
Jankun, Richard P.	Vice President - Taxes	One Verizon Way Basking Ridge, New Jersey 07920
Kahney, Dana C.	Assistant Secretary	One Verizon Way Basking Ridge, New Jersey 07920
Manniello, Mario	Vice President - Taxes	One Verizon Way Basking Ridge, New Jersey
Mason, J. Daniel	Assistant Secretary	One Verizon Way ? Basking Ridge, New Jersey 07920
Mattiola, Paul L.	Vice President - Taxes	One Verizon Way Basking Ridge, New Jersey 07920
Metzger, Kathleen	Vice President - Taxes	One Verizon Way Basking Ridge, New Jersey 07920
Mutzenback, Robe	rt Vice President - Taxes	One Verizon Way Basking Ridge, New Jersey 07920
Noto, Jeffrey S.	Senior Vice President & Chief Financial Officer	One Verizon Way Basking Ridge, New Jersey 07920
Shroff, Abdulaziz	Treasurer	One Verizon Way Basking Ridge, New Jersey 07920
Sin, Kee Chan	Assistant Treasurer	One Verizon Way Basking Ridge, New Jersey 07920

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SKYWARD IO, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 202488200

Date: 04-10-18

5540442 8300 SR# 20182584818