

F18000003398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

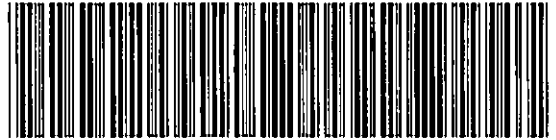
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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08/27/18--01022--004 \*\*70.00

FILED  
18 JUL 20 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
JUL 25 2018

W18-06124



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2018

3860 PAM MASON  
35860 FOREST HILL IRENE RD, SUITE 101  
MEMPHIS, TN 38125

SUBJECT: INTERACTIVE SOLUTIONS, INC.  
Ref. Number: W18000060124

We have received your document for INTERACTIVE SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L07000022259.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 218A00013522

DB

RECEIVED

2018 JUL 20 PM 12:37

DEPARTMENT OF  
CORPORATIONS  
FASSEE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTERACTIVE SOLUTIONS INC.  
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:

PAM MASON  
Name of Person  
Interactive Solutions Inc.  
Firm/Company  
3860 Forest Hill Lane Road, Suite 101  
Address  
Memphis, TN 38125  
City/State and Zip code  
PMASON@isitn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAM MASON at ( 901 ) 866-1474  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, 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    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$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.

1. INTERACTIVE SOLUTIONS INC.  
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

INTERACTIVE SOLUTIONS, INC. - TN  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TENNESSEE 3. 62-1631806  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 1996 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 3860 Forest Hill Lane Road, Suite 101 Memphis, TN 38125  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: NRAI Services, Inc

Office Address: 1200 South Pine Island Rd  
Plantation Florida 33324  
(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.*

NRAI Services, Inc.

Danny Verdecchia

Danny Verdecchia-Asst. 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.

FILED  
18 JUL 20 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Jerome B. Myers

Address: 3860 Forest Hill Irene Road, Suite 101  
Memphis, TN 38125

Director: Maureen Myers

Address: 3860 Forest Hill Irene Road, Suite 101  
Memphis, TN 38125

B. OFFICERS

President: Jerome B. Myers

Address: 3860 Forest Hill Irene Road, Suite 101  
Memphis, TN 38125

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Maureen Myers

Address: 3860 Forest Hill Irene Road, Memphis, TN 38125

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. Jerome Myers, CEO

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

FILED  
18 JUL 20 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Tre Hargett  
Secretary of State

FILED

18 JUL 20 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE. 6th FL.

Nashville, TN 37243-1102

PAM MASON

May 15, 2018

STE 101

3860 FOREST HILL IRENE RD

MEMPHIS, TN 38125-2586

Request Type: Certificate of Existence/Authorization

Issuance Date: 05/15/2018

Request #: 0277004

Copies Requested: 1

Document Receipt

Receipt #: 004085760

Filing Fee: \$20.00

Payment-Check/MO - INTERACTIVE SOLUTIONS, INC., MEMPHIS, TN

\$20.00

Regarding: INTERACTIVE SOLUTIONS, INC.

Filing Type: For-profit Corporation - Domestic

Control #: 308713

Formation/Qualification Date: 03/08/1996

Date Formed: 03/08/1996

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: SHELBY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

INTERACTIVE SOLUTIONS, INC.

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cheryl Donnell

Verification #: 027847835