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COVER LETTER

TO:	Division of Corporations					
	Pro AV Systems, Inc.					
SUBJ	IECT:					
	Name of	corporation	- must include suffix			
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign Corp ficate of Existence," or "Certificate of referenced foreign corporation to tran	f Good Stan	ding" and check are sub			
Please Kimbe	return all correspondence concerning dy Bishop	g this matter	to the following:			
Pro AV	/ Systems, Inc.	Name of I	Person			
275 Bi	flerica Road, Suite 3	Firm/Com	pany			
Chelm	sford, M A 01824	Addre	ss			
kbisho	p@proavsi.com	City/State ar	nd Zip code	····		
	E-mail address: (to be used for	or future annual report i	notification)		
For fu	rther information concerning this mat	ter, please c	all:			
Kimberly Bishop		978	692 5111			
	Name of Person	Area Code	Daytime Telep	hone 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			
Enclos	sed is a check for the following amour	nt;				
74. \$76	0.00 Filing Fee		\$78.75 Filing Fee & Certified 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. Pro AV Systems, 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) 20-5833583 2. (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) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 275 Billerica Road, Suite 3, Chelmsford MA 01824 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Inc. Name: 3030 N. Ricky Point Dr W. Office Address: Tampa (City) 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. Names and business addresses of officers and/or directors: A. DIRECTORS Kimberly Bishop Chairman: 275 Billerica Road, Suite 3, Chelmsford MA 01824 Address: Les Bishop Vice Chairman: 275 Billerica Road, Suite 3, Chelmsford MA 01824 Address: _ Address: __ Director: **B. OFFICERS** Kimberly Bishop President: 275 Billerica Road, Suite 3, Chelmsford MA 01824 Address: Les Bishop Vice President: 275 Billerica Road, Suite 3, Chelmsford MA 01824 Address: _ Les Bishop Secretary: 275 Billerica Road, Suite 3, Chelmsford MA 01824 Address: Les Bishop Treasurer: 275 Billerica Road, Suite 3, Chelmsford MA 01824 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. Linda Ivers, Director of Operations

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



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: July 19, 2018

To Whom It May Concern:

I hereby certify that according to the records of this office,

PRO AV SYSTEMS, INC.

is a domestic corporation organized on October 27, 2006 , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Vien Francis Isbein

Certificate Number: 18070352710

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: