

F18000005582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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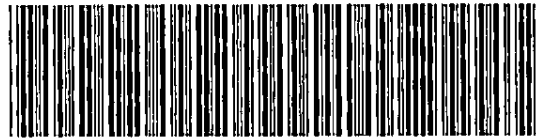
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/06/18--01001--035 **850.00

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2018 DEC -5 AM 9:16
SECRETARY OF STATE
GALLAHASSEE, FL 0900

N CULLIGAN

DEC 6 2018

**CORPORATE
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- ☐ **CERTIFIED COPY** _____
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1. INNOVATIVE NETWORK SOLUTIONS, INC.

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2018

ROBERT ROCHE
6441 S. CHICKASAW TRAIL #330
ORLANDO, FL 32829

Corporate Access

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
NOV 29 11:31 AM
Corrected

We have received your document for INNOVATIVE NETWORK 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.

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.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 818A00024263

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**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. INNOVATIVE NETWORK SOLUTIONS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

INNOVATIVE NETWORK SOLUTIONS MICHIGAN, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
MI 31-1437530

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

4. 9/12/2003 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
03/2017

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
31567 W 10 Mile Road, Farmington, MI 48336

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: _____
6441 S. Chickasaw Trail #330

Office Address: _____
Orlando 32829
_____, 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.

Suanne X Roche
(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.

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2018 DEC -5 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

. DIRECTORS

Chairman: Robert Roche

Address: 6441 S. Chickasaw Trail, #330, Orlando, FL 32829

Vice Chairman: Suanne Roche

Address: 6441 S. Chickasaw Trail, #330, Orlando, FL 32829

Director:

Address:

Director:

Address:

B. OFFICERS

President: Robert Roche

Address: 6441 S. Chickasaw Trail, #330, Orlando, FL 32829

Vice President:

Address:

Secretary: Suanne Roche

Address: 6441 S. Chickasaw Trail, #330, Orlando, FL 32829

Treasurer:

Address:

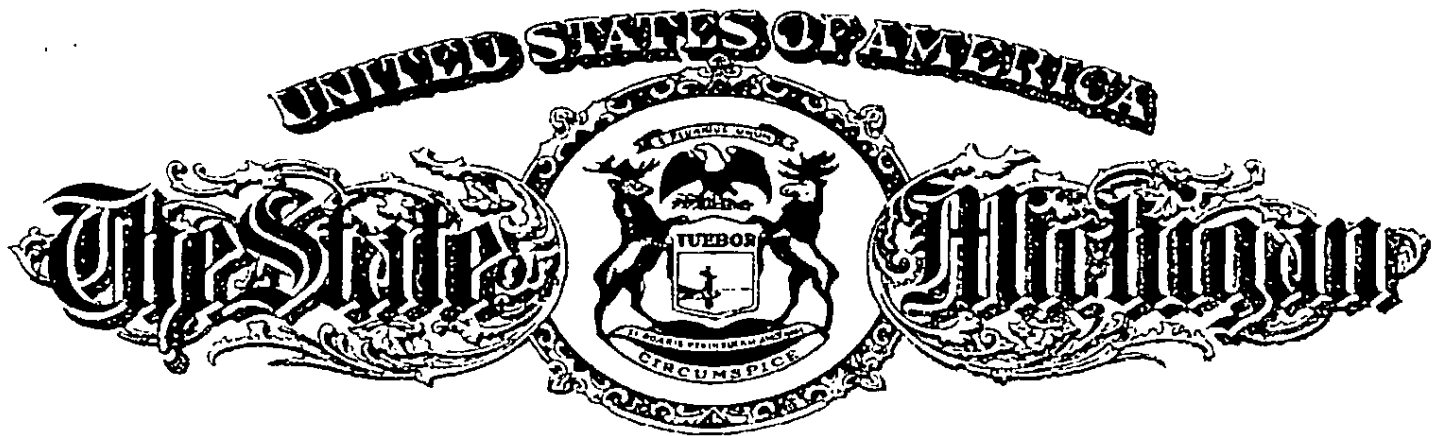
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Suanne L Roche
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. Suanne L Roche
(Typed or printed name and capacity of person signing application)

FILED
2018 DEC -5 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

INNOVATIVE NETWORK SOLUTIONS, INC.

was validly incorporated on September 12, 2003 as a Michigan DOMESTIC PROFIT CORPORATION,
and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18129570250

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 4th day of December, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau