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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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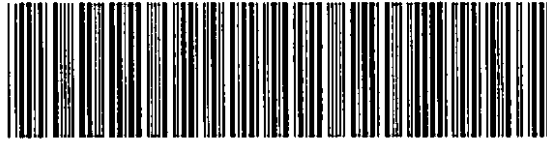
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEC 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations
TrueNorthIQ, 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:
Mr. Justin T Bouchard, Esq.

Name of Person
TrueNorthIQ, Inc

Firm/Company
20 Towne Dr. Suite 196

Address
Bluffton, SC 29910

City/State and Zip code
justin.bouchard@truenorthiq.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Bouchard 404 502-0934

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.*

TrueNorthIQ, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

OverWatch Systems, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Wyoming 83-2605000

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4/6/2018

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
n/a

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1193 Port St Lucie Blvd. Suite 183, Port St Lucie, FL 34952

7. _____
(Principal office address)

(Current mailing address, if different)

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

Scott Manderville

Name:

1193 Port St Lucie Blvd. Suite 183

Office Address:

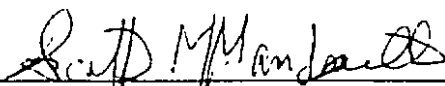
Port St Lucie

34952

_____, 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.

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

A. DIRECTORS

Scott M. Manderville

Chairman: _____
1193 Port St Lucie Blvd. Suite 183, Port St Lucie, FL 34952
Address: _____

Marvin E Mitchiner

Vice Chairman: _____
20 Towne Drive, Suite 196, Bluffton, SC 29910
Address: _____

Terry A Huetter

Director: _____
20 Towne Drive, Suite 196, Bluffton, SC 29910
Address: _____

Allan R MacDougall

Director: _____
1083 Queen Street, Halifax, NS B3H 0B2, Canada
Address: _____

B. OFFICERS

Marvin E Mitchiner

President: _____
20 Towne Drive, Suite 196, Bluffton, SC 29910
Address: _____

Allan MacDougall

Vice President: _____
1083 Queen Street, Halifax, NS B3H 0B2, Canada
Address: _____

Justin T. Bouchard, Esq.

Secretary: _____
20 Towne Drive, Suite 196, Bluffton, SC 29910
Address: _____

Terry A Huetter

Treasurer: _____
20 Towne Drive, Suite 196, Bluffton, SC 29910
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.

Terry A Huetter, Treasurer

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