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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Managedreports@incorp-l.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Network Technology Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Network Technology 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:

Kim Barajas
Name of Person
InCorp Services, Inc.
Firm/Company
3773 Howard Hughes Pkwy, Suite 500S
Address
Las Vegas, NV 89169-6014
City/State and Zip code
managedreports@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Barajas for InCorp Services, Inc. at (702) 866-2500 ext. 6910
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

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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. Network Technology Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

NTS South, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New Jersey
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. 04/28/1994
(Date of incorporation)
5. Perpetual
(Date of duration, if other than perpetual)
6. Upon Registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6930 37th St., Vero Beach, FL 32966
(Principal office address)

100 New South Rd., Hicksville, NY 11801
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(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.



Kim Barajas on behalf of InCorp Services, Inc.

(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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SECRETARY OF STATE
TALLAHASSEE, FL

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Matthew Mahony

Address: 3625 Oxford Ave, #3A

Bronx, NY 10463

Director: _____

Address: _____

B. OFFICERS

President: William J. Stanganelli

Address: 1060 E. Polo Grounds Drive

Vero Beach, FL 32966

Vice President: Charles A. Griffith

Address: 11 Holly Lane

Farmingdale, NY 11735

COO/Secretary: Charles A. Griffith

Address: 11 Holly Lane, Farmingdale, NY 11735

COO/Treasurer: James Valdivia

Address: 3 Magnum Trail, Warwick, NY 10990

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. James Valdivia, COO

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

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STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

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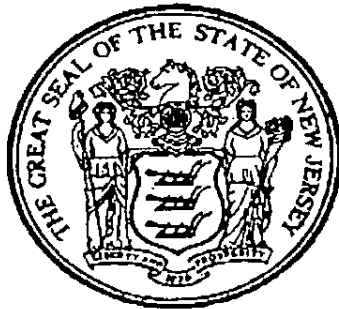
NETWORK TECHNOLOGY SOLUTIONS, INC.
0100586433

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 28, 1994.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

INCORPORATING SERVICES LTD
14 SCENIC DRIVE
DAYTON, NJ 08810



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of October, 2019

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6101235054

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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