

F200000000/15

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

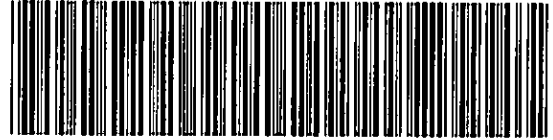
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/02/15--0105P--024 v. 0.00

FILED
2015 DEC -2 P 1:57
TALLAHASSEE, FLORIDA

T. LEMIEUX
JAN 02 2016

COVER LETTER

TO: Registration Section
Division of Corporations
PEAKLOGIX

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:
SANDRA GIBERSON

PEAKLOGIX	Name of Person
14409 JUSTICE ROAD	Firm/Company
MIDLOTHIAN VA 23113	Address
SGIBERSON@PEAKLOGIX.COM	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

SANDRA GIBERSON	804	302-1513
_____	at (_____)	_____
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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

PEAKLOGIX CORPORATION

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)
VIRGINIA 541525370

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
12/7/1989

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
JUNE 1, 2019

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
14409 JUSTICE ROAD, MIDLOTHIAN, VA 23113

7. _____
(Principal office address)
SAME

(Current mailing address, if different)

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

NORTHWEST REGISTERED AGENT

Name: _____
7901 4TH STREET N, SUITE 300

Office Address: _____
ST. PETERSBURG 33702
_____, 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.

FILED
2019 DEC -2 PM 1:55
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Sandra Giberson
☐ Vice Chairman Address: 13636 Waterswatch Ct.
☐ Director Midlothian, VA 23113
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert Giberson
☐ Vice Chairman Address: 13636 Waterswatch Ct.
☐ Director Midlothian, VA 23113
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

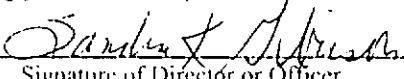
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Sandra K Giberson, President
(Typed or printed name and capacity of person signing application)

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

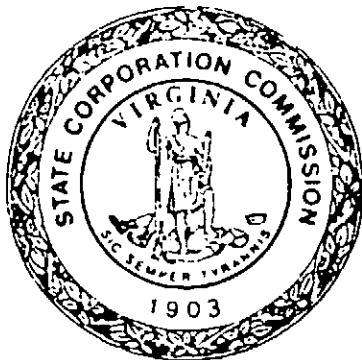
That PeakLogix, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is December 7, 1989;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
November 7, 2019*

Joel H. Peck

Joel H. Peck, Clerk of the Commission



COMMONWEALTH of VIRGINIA

Secretary of the Commonwealth

NOTARY DIVISION
POST OFFICE BOX 1795

RICHMOND, VIRGINIA 23218

Secretary of the Commonwealth's Office,
International Authentications Department,
1111 E Broad St, 1st Floor, Richmond VA 23219
Phone: (804)692-0115 Fax: (804) 371-0017

DATE: NOV 13 2019

PLEASE RETURN THIS LETTER

The enclosed documents have been returned for the following reasons:

- 1 _____ A cover letter including your name, address, telephone number, and country of destination for your documents is missing (enclosed).
Must include a self addressed, prepaid return mailer.
- 2 _____ The processing fee is \$10 per document. Acceptable forms of payment are checks or money orders made payable to the Secretary of the Commonwealth. **Same country, same notary, same notarization date** will be \$10 first document and \$5 each additional document.

- 3 _____ Your document must have been issued/notarized within the last 12 months for international use
- 4 _____ Your document must be acknowledged with a live and legible signature and seal by a Virginia Notary Public, Clerk of the Circuit Court, or Deputy Clerk.
- 5 _____ A notarization by a Virginia Notary Public must contain: 1) the notarial statement, 2) date, 3) city or county *and* Commonwealth of Virginia, 4) expiration date of the notary's commission, 5) notary's registration number, 6) stamp/seal and 7) the notary's signature.
- 6 _____ Your Notary Public used incorrect notarial statement when notarizing documents. _____
- 7 _____ The complete notarial act must be in English. The complete notarial act must be on the **same page**
- 8 _____ The notary stamp/seal must match our records exactly - _____
- 9 _____ We must have the original notarization on a document.
- 10 _____ If your document is a Vital Record (certificate of birth, death, marriage, divorce, or single status) it must be issued from the Virginia Department of Vital Records (804) 662-6200 or Any Virginia DMV (Department of Motor Vehicle)
- 11 _____ Marriage certificates may also be issued by the Circuit Court in which you were married, but must contain Certification of official record / VA Code 8.01-389 for authentication of record (signed by the Clerk of Court and the Judge of the Circuit Court certifying the record.) 2 pages document.
- 12 _____ For out of state records, please contact the appropriate Secretary of Commonwealth/State. _____
- 13 _____ For International documents or Federal documents, contact the embassy for that country or the US Department of State at (202) 485-8000
- 14 ☒ State level authentication not valid within the United States or its territories
- 15 ☒ Other: Document for use in Florida

November 26, 2019

Please note that I tried sending our Certificate of Good Standing to have it authenticated, and per the attached form from the Secretary of the Commonwealth of Virginia, they would not do it.