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## **COVER LETTER**

_	itration Section ion of Corporations			
SUBJECT:	LiveView Technologies, Inc.			
	Name o	of corporation - mu	st include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Conf Existence," or "Certificate ced foreign corporation to tra	of Good Standing"	and check are submit	
Please return :	all correspondence concernii	ng this matter to the	e following:	
Bryce Higbee				
		Name of Perso	n	
LiveView Tech	mologies, Inc.			
		Firm/Company		
1226 South 149	30 West			
<u> </u>		Address		
Orem, Utah 84	058			
_		City/State and Zi	p code	
bryce.highee@ —	Pliveviewtech.com	16.6		(Table 1)
	E-mail address:	to be used for ful	ure annual report noti	neation)
For further in	formation concerning this ma	atter, please call:		
Bryce Higbee		.801	21-9408	
	e of Person	at () Area Code	21-9408 Daytime Telephor	ne Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
	check for the following amo neck payable to: FLORIDA DE ing Fee	EPARTMENT OF S g Fee & $\square$ \$78		■ \$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.

LiveView Techr	ologies, Inc.				
	orporation; must include "INCORPORZ orp," "Inc," "Co," or "Corp.")	ATED," "COMPANY," "CORPORATI	ION."		
(If name unavaila	able in Florida, enter alternate corporate	e name adopted for the purpose of transac	cting business in Florida)		
Delaware		20-2350309	20-2350309		
(State or country	y under the law of which it is incorpora	3. 20-2350309 (FEI number, if	f applicable)		
4/6/2021		5 perpetual			
(Date	of incorporation)	(Date of duration, if oth	(Date of duration, if other than perpetual)		
September 1, 20					
1226 South 1480	(SEE SECTIONS 607.1501 &	iness in Florida, if prior to registration) 607.1502, F.S., to determine penalty lial	bility)		
	West Orem, Utah 84058 (Princi	pal office <u>street</u> address)			
	·				
	(Current	mailing address, if different)			
Name and stree	et address of Florida registered agent	t: (P.O. Box <u>NOT</u> acceptable)			
Name:	C T Corporation System				
ffice Address:	1200 South Pine Island Road				
	Plantation	, Florida <u>33324</u>			
	(City)	(Zip code)			
Registered ago	ent's acceptance:		22		
aving been namesignated in this orther agree to co	ed as registered agent and to accep application, I hereby accept the ap omply with the provisions of all sta- with and accept the obligations of		gree to act in this capacity olete performance of my di		
_	CHMATTHI VOIL	Christine Katra Accistant Secretary	40.8		
	(registered ag	ent'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.

A. DIRECTORS							
<b>■</b> Chairman	Name:	□Chairman	Name:	2000			
□Vice Chairman	Address:	□Vice Chairman	Address:	<del> </del>			
□Director	Provo, Utah 84064	□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	Other	Other		□Other			
□Chairman	Robert Brenner	□Chairman	Name:				
□Vice Chairman	6755 Fairfax Dr.	□Vice Chairman					
Director	Provo, Utah 84604	□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	Secretary		□Treasurer			
□ Other	Other	□Other	<del></del>	□ Other			
□Chairman	Name:	□Chairman	Name:				
	Address:						
□Director		□Director					
□President		□President					
□Vice President		□Vice President		•			
□Secretary	☐ Treasurer	Secretary		□Treasurer			
Other		Other	<del></del>	□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 filling your Florida Department of State Annual Report form.  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.

, Ryan Porter, Chairman

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LIVEVIEW TECHNOLOGIES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIVEVIEW TECHNOLOGIES, INC." WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D. 2021.

at corp. delaware gov/aut

Authentication: 204299463

Date: 10-01-21