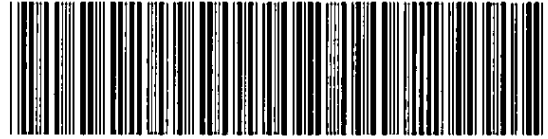


F22000000783



600380989396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entry Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CORPORATION DIVISION

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TALLAHASSEE  
FLORIDA

FEB -3 2022

M. SOLOMON

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 02/03/2022

Acc#I20160000072

*Eric SW*

Name:	Viwinco, Inc
Document #:	
Order #:	14134508

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **978.75**

Thank you!

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. Viwinco, Inc.
(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)

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

4. 10/18/1982 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. 8/28/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 851 Hemlock Road, Morgantown Business Park, Morgantown, PA 19543
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(City) (Zip code)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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.

C T Corporation System

By: Nichol McCroy, Assistant Secretary
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: David J. Barnes  
 Vice Chairman Address: 851 Hemlock Road  
 Director Morgantown Business Park  
 President Morgantown, PA 19543  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Michael A. Duncan  
 Vice Chairman Address: 851 Hemlock Road  
 Director Morgantown Business Park  
 President Morgantown, PA 19543  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Michael A. Duncan, Jr.  
 Vice Chairman Address: 851 Hemlock Road  
 Director Morgantown Business Park  
 President Morgantown, PA 19543  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Skyler Oztemel Barnes  
 Vice Chairman Address: 851 Hemlock Road  
 Director Morgantown Business Park  
 President Morgantown, PA 19543  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other Asst. VP  Other \_\_\_\_\_

Chairman Name: Susan O. Barnes  
 Vice Chairman Address: 851 Hemlock Road  
 Director Morgantown Business Park  
 President Morgantown, PA 19543  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other Asst. Secretary  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. David J. Barnes, President  
 (Typed or printed name and capacity of person signing application)

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 DEPARTMENT OF STATE  
 PALM BEACH COUNTY

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

02/02/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

VIWINCO, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Leigh M. Chapman*

Acting Secretary of the Commonwealth

Certification Number: TSC220202172630-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2022

CT CORP

SUBJECT: VIWINCO, INC.  
Ref. Number: W22000012153

**CORRECTED**  
Please Allow For  
Same File Date

We have received your document for VIWINCO, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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 \$900.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 722A00002811

2022 FEB -8 AM 11:20  
CALL ... FLORIDA