

F220000004274

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entry Name)

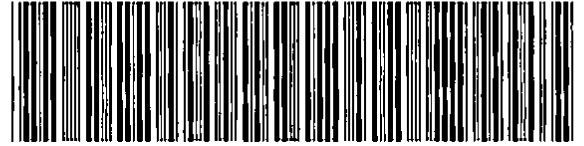
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850-656-4724

Date: 07/11/2022

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W: C SW

Name:	Violet Defense Group, Inc.
Document #:	
Order #:	14437823

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ 78.75

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. VIOLET DEFENSE GROUP, 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. DELAWARE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JULY 22, 2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 189 S. ORANGE AVENUE, SUITE 1400, ORLANDO, FL 32801
(Principal office street address)

(Current mailing address, if different)

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

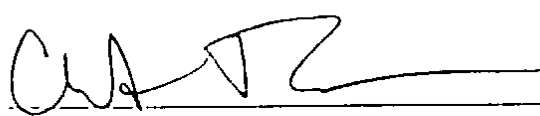
Name: CHRISTIAN TALMA

Office Address: 189 S. ORANGE AVENUE, SUITE 1400

ORLANDO, Florida 32801
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

☐ Chairman Name: DANA ARRIGHI
☐ Vice Chairman Address: 189 S. ORANGE AVENUE
☒ Director SUITE 1400
☐ President ORLANDO, FL 32801
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: JANE FINLEY
☐ Vice Chairman Address: 189 S. ORANGE AVENUE
☒ Director SUITE 1400
☐ President ORLANDO, FL 32801
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____


☐ Chairman Name: CHRISTIAN TALMA
☐ Vice Chairman Address: 189 S. ORANGE AVENUE
☐ Director SUITE 1400
☐ President ORLANDO, FL 32801
☐ Vice President _____
☒ Secretary _____ ☒ Treasurer _____
☒ Other (CEO) _____ ☐ Other _____

☐ Chairman Name: SANDRA CAVANAUGH
☐ Vice Chairman Address: 189 S. ORANGE AVENUE
☒ Director SUITE 1400
☐ President ORLANDO, FL 32801
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: DAVID SCALZO
☐ Vice Chairman Address: 189 S. ORANGE AVENUE
☒ Director SUITE 1400
☒ President ORLANDO, FL 32801
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other (CEO) _____ ☐ 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/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 SCALZO, DIRECTOR, PRESIDENT AND CHIEF EXECUTIVE OFFICER
 (Typed or printed name and capacity of person signing application)

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIOLET DEFENSE GROUP, 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 ELEVENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Jeffrey W. Bullock, Secretary of State

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SR# 20222952604

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203881683

Date: 07-11-22