

F23000001658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

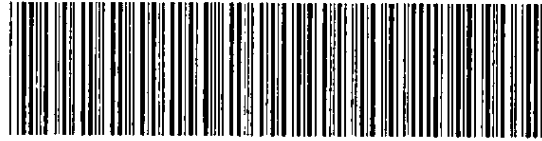
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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

MAR 22 2023

K. Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 03/21/2023

PRIORITY Routine

OUR REF # (Order ID#) Renee

ORDER ENTITY

AIRWAVZ SOLUTIONS INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

AIRWAVZ SOLUTIONS INC.

Please file the attached qualification.

NOTES:

\$70.00 Authorized

Email address for annual report reminders: radiv@incserv.com

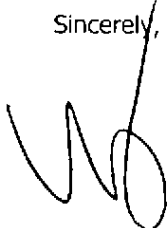
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



**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. Airwavz Solutions 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. 88-1511456
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/21/2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1410 W. Morehead St., Suite 100 Charlotte, NC 28208
(Principal office street address)

(Current mailing address, if different)

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

Name: Incorporating Services, Ltd.

Office Address: 1540 Glenway Drive

Tallahassee , Florida 32301
(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.



Renee T. Kent, 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.

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A. DIRECTORS

☐ Chairman Name: Brad Davis
☐ Vice Chairman Address: _____
☒ Director 1410 W. Morehead St., Ste. 100
☒ President Charlotte, NC 28208
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Walker Simmons
☐ Vice Chairman Address: _____
☒ Director 1410 W. Morehead St., Ste. 100
☐ President Charlotte, NC 28208
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: John Oxaal
☐ Vice Chairman Address: _____
☒ Director 1410 W. Morehead St., Ste. 100
☐ President Charlotte, NC 28208
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Shawn Kocher
☐ Vice Chairman Address: _____
☐ Director 1410 W. Morehead St., Ste. 100
☐ President Charlotte, NC 28208
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other CFO ☒ Other EVP

☐ Chairman Name: Andrew Tindel
☐ Vice Chairman Address: _____
☒ Director 1410 W. Morehead St., Ste. 100
☐ President Charlotte, NC 28208
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Stuart Hicks
☐ Vice Chairman Address: _____
☒ Director 1410 W. Morehead St., Ste. 100
☐ President Charlotte, NC 28208
☐ 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. Shawn Kocher
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. Secretary SHAWN M. KOCHER
(Typed or printed name and capacity of person signing application)

11 A . DIRECTORS CONTIUED:

Danny Agresta	Director	1410 W Morehead St, Suite 100 Charlotte, NC 28208
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Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRWAVZ SOLUTIONS 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIRWAVZ SOLUTIONS INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State