

NAMS

TO: STATE OF FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Please find enclosed a check for \$70.00 to pay the corporate filing fee and the ~~registered agent fee for the corporation whose articles accompany this letter.~~

300002264253-9
-08/12/97-01035-00
*****70.00 *****70.00

IF THERE ARE ANY PROBLEMS WITH THIS FILING
DO NOT RETURN THESE FORMS, INSTEAD PLEASE
CALL COLLECT TO (407) 869-5766
OR FAX YOUR CORRESPONDENCE TO (407) 869-5207

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

When the filing has been completed please return our photocopy of these articles by:

☐

EXPRESS DELIVERY USING THE ENCLOSED PAPERWORK

☐

REGULAR MAIL TO THE CORPORATIONS MAILING ADDRESS

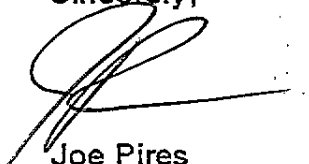
☒

REGULAR MAIL TO N.A.M.S.

841 DOUGLAS AVENUE STE. 104
ALTAMONTE SPRINGS, FL 32714

Thank you for your assistance.

Sincerely,


Joe Pires
General Manager

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: C Visions, Inc., dba in Florida as Sparx, Inc.
(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", 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:

Joe Pires

(Name of Person)

N.A.M.S.

(Firm/Company)

841 Douglas Ave. Suite 104

(Address)

Altamonte Springs, Fl. 32714

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Joe Pires

(Name of Person)

at (407) 869-5766

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 14, 1997

NATIONAL ACCOUNTING & MANAGEMENT SERVICES INC.
841 DOUGLAS AVE #104
ALTAMONTES SPRINGS, FL 32714

SUBJECT: C VISIONS INC.
Ref. Number: W97000018754

We have received your document for C VISIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted an application which does not meet the current requirements of the Florida Statutes. You may complete our current form or amend your application to include the required information.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6093.

Freta Lott
Corporate Specialist Supervisor

Letter Number: 897A00041211

RESOLUTION OF BOARD OF DIRECTORS

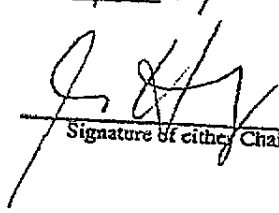
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TALLAHASSEE, FLORIDA

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I, the undersigned Cari Hamburger, do hereby certify
(Name)that this Resolution of the Board of Directors of C Visions, Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of New York,was duly adopted on June 1,, 19 88.Be it resolved, that C Visions, Inc.,
(Corporate Name)organized and existing in the State of New York, hereby adopts the nameSparx, Inc. of New York for use in Florida.
ACDated: Sept 26, 1997
Signature of either Chairman, Vice Chairman or any officerCari Hamburger
Type or print name

INHS19(4/96)

**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. C Visions, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION",
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead
natural person or partnership if not so contained in the name at present.)

2. New York 3. 13-3492803
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/1/88 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 7/1/97
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1714 Lakeside Dr. Orlando, FL. 32803
(Current mailing address)

8. Manufacturer's Representative
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Cari Hamburger

Office Address: 1714 Lakeside Dr.
Orlando, Florida, 32803
(Zip code)

10. 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.*

[Signature]
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Cari Hamburger

Address: 1714 Lakeside Dr. Orlando, Fl. 32803

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Cari Hamburger

Address: 1714 Lakeside Dr. Orlando, Fl. 32803

Vice President: _____

Address: _____

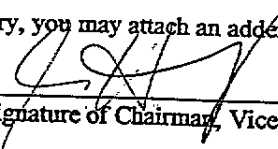
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

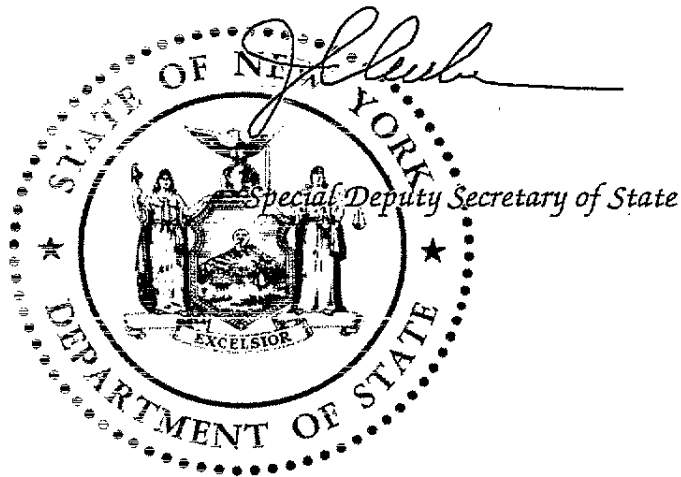
14. Cari Hamburger, President
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the certificate of incorporation of CVISIONS INCORPORATED was filed on 05/05/1988, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 27th day of August
one thousand nine hundred and
ninety-seven.

199708280177 48



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SECRETARY OF STATE
ALBANY, NY 12242

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