

FH 000003815

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

Please retain original filing  
date of submission 9/21

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**VIEability, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	067
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP 21 AM 10:12

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP 22 PM 3:24

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VH



September 22, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: VIEABILITY, INC.  
REF: W11000049002

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: E11000230771  
Letter Number: 511A00021916

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date of submission 9/21

## COVER LETTER

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** VIEability, 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," or "Certificate of Good Standing" 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:**

Name of Person

Firm/Company

**Address**

City/State and Zip code

wanda.smith@fisglobal.com

E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Name of Person \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

**New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$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.*

1. VIEability, 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

(State or country under the law of which it is incorporated)

3. 45-3176558

(FEI number, if applicable)

4. 08/04/2011

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

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

7. 11601 Roosevelt Boulevard, North, St. Petersburg, FL 33716

(Principal office address)

601 Riverside Avenue, Jacksonville, FL 32204

(Current mailing address)

8. Check Collection Services

(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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.*

C T Corporation System

Barbara A. Burke

Special Assistant Secretary

By: Barbara A. Burke

(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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS SEE ATTACHMENT**

11 SEP 27 AM 10:12

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: William C. Rocco

Address: \_\_\_\_\_

Vice President: Lynn Cravey

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Lynn Cravey

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Lynn Cravey, Secretary

(Typed or printed name and capacity of person signing application)

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AND  
FILED

**Attachment to FL Application by Foreign Corporation for Authorization to Transact Business  
Officers & Directors**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Full Name: William C. Roesse  
Officer/Director: Director  
Officer's Title:  
Business Address: 11601 Roosevelt Boulevard, North  
City: St. Petersburg,  
State: FL 33716
2. Full Name: William C. Roesse  
Officer/Director: Officer  
Officer's Title: President  
Business Address: 11601 Roosevelt Boulevard, North  
City: St. Petersburg  
State: FL 33716
3. Full Name: Lynn Cravey  
Officer/Director: Officer  
Officer's Title: Vice President, Secretary and Treasurer  
Business Address: 11601 Roosevelt Boulevard, North  
City: St. Petersburg  
State: FL 33716

# Delaware

*The First State*

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AND  
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PAGE 1

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIEABILITY, 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 EIGHTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5021651 8300

110988664

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
AUTHENTICATION: 9016009

DATE: 09-08-11