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COVER LETTER

TO: New Filing Section Division of Corporations	•		
_{SUBJECT:} Cable Plus, Inc.			
Name of corporation -	must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ing" and check are submitted to register the		
Please return all correspondence concerning this matter to	o the following:		
Samantha Campbell			
Name of Pe	rson		
Registered Agent Solutions, Inc.			
Firm/Compa	any		
1701 Directors Blvd., Suite 300			
Address	3		
Austin, Texas 78744			
City/State and	Zip code		
clientservices@rasi.com			
E-mail address: (to be used for	future annual report notification)		
For further information concerning this matter, please cal	l:		
Samantha Campbell at (888	705-7274		
	de & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
New Filing Section	New Filing Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314		
Enclosed is a check for the following amount:			
	\$78.75 Filing Fee & Sertified Copy \$87.50 Filing Fee, Certified Copy 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.

Lable Pl						
	orporation; must include "INCORPORATION," "Inc," "Co," or "Corp.")	red,"	"COMPANY," "CORPORATION,"			
/1C=	able to Placida and alternative	###		!	- 11:	
Illingia	able in Florida, enter alternate corporate na	,	opied for the purpose of transacting busi 36-3443965	ness in Fig	orida)	
(State or country under the law of which it is incorporated) (FEI number, if applicable))			
			5. perpetual			
	(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")			
upon app	proval					
			lorida, if prior to registration) 2. F.S., to determine penalty liability)			
, 2012 Corpo	rate Lane, Suite 116, Napervill		•			
·	(Principal office					
	·					
	(Current muiling	g addre	ss)			
B. Distributor of I	ow voltage wire and cable products to	to the	voice, data, HVAC, sound and secu	rity indus	tries.	
	i) of corporation authorized in home state c	or coul	ntry to be carried out in state of Florida)	5267		
9. Name and stree	et address of Florida registered agent:	(P.O.	Box NOT acceptable)		HIOF Y	
Name:	Registered Agent Solutions	ış, İn	O.	芸門	•	
Office Address:	155 Office Plaza Dr., St	uite	A		ų PH	
	Tallahassee		— , Florida 32301		4 <u>=</u>	
	(City)		(Zip code)	30	16	
			•	* *		

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.

Jaclyn Wright, Assistant Secretary
(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 business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: ____ Vice Chairman: ____ Address: Director: Shan Juan Lu Address: 11315 Lakeside Ave NE Seattle, WA 98125 Director: Address: B. OFFICERS President: James R. Jennings Address: 304 Inverness Way South, #250 Englewood, CO 80112 Vice President: _____ Secretary: _ Treasurer: Jerome J. Hiss (Assistant Treasurer) Address: 2012 Corporate Ln., #116, Naperville, IL 60563 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Jerome J. Hiss, Assistant Treasurer

File Number

5424-761-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CABLE PLUS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 16, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1415501624

Authenticate at: http://www.cyberdrivelllinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH

day of

JUNE

A.D.

2014

Desse White

SECRETARY OF STATE