F15000003147

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	#)			
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nam	ne)			
•	,	,			
(Do	cument Number)				
(50	outhoric real floor,				
Cartifical Causina	Cartificatos	of Status			
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
!					

Office Use Only



700274421707

07/17/15--01013--005 **70.00





July 20, 2015

CORPORATE ACCESS

SUBJECT: PACIFIC DATAVISION, INC Ref. Number: W15000048394

We have received your document for PACIFIC DATAVISION, 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):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 815A00015091

EERPORAT	E
ACCESS,	-

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALK IN							
		PICK UP: 7-17-15						
		CERTIFIED COPY						
	承	РНОТОСОРУ						
		cus						
	凶	FILING TOC						
1.		PACIFIC Data VISION, Inc.						
2.		(CORPORATE NAME AND DOCUMENT #)						
3.		(CORPORATE NAME AND DOCUMENT #)						
4.		(CORPORATE NAME AND DOCUMENT #)						
5.		(CORPORATE NAME AND DOCUMENT #)						
6.		(CORPORATE NAME AND DOCUMENT #)						
SPI	ECIAI	INSTRUCTIONS:						

COVER LETTER

то:		tration Se on of Cor						
SHRJ	ECT:	Pacific D	ataVision, Inc	. .				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		N	ame of corpora	tion -	must include suffix		
Dear S	ir or M	adam:						
"Certi	ficate of	Existenc	e," or "Certi		Stand	uthorization to Transacing" and check are subtin Florida.		
Please	return	all corresp	ondence coi	neerning this ma	aller t	o the following:		
Elaine	Gnageri							
		<u></u>		Name	of Po	erson		
Pacific	: DataVi	sion, Inc.						
				Firm/C	Comp	uny		
3 Garr	et Moun	tain Plaza,	Suite #401					
•				A	ddres	5		
Wood	and Parl	c, NJ 0742	4					
				City/Sta	te and	l Zip code		
egange	ri@pdv	wireless.co						
			E-mail ac	Idress: (to be us	ed fo	r future annual report n	otiti	cation)
For fu	rther int	formation	concerning	this matter, plea	se ca	ll:		
Elaine	Gangeri	i		973 at (771-0301		
<u></u>	Name	e of Perso	11	Area (Daytime Telepl	none	Number
	Regis Divis Clifto 2661 Tallal	tration Se ion of Cor on Buildin Executive nassec, FI	rporations g : Center Circ _ 32301	ile		MAILING APRESISTATION SET OF CO. Box 6327 Tallahassee, F	ectio orpor	n ations
Enclos	sed is a	check for	the followin	ig amount:				
⋒ \$7	0,00 Fil	ing Fee		Filing Fee & icate of Status	0	\$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.

(If name unavaila	ble in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting bu	siness in Florida)
Delaware		33-0745043	
(State or country	y under the law of which it is incorporated)	(FEI number, if applica	ıble)
(Date Upon qualificati		(Date of dumion, if other than	perpetual)
	(SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) (1502, F.S., to determine penalty liability)	
3 Garret Mountain	1 Plaza, Suite #401, Woodland Park, NJ 07		
	(Prin	cipal office address)	>0
Name and stree	(Current ma t address of Florida registered agent: (I NRAI, Inc.	iling address, if different) P.O. Box <u>NOT</u> acceptable)	JUL 20 AM CRETARY OF
fice Address:	1200 South Pine Island Road		# 9: F SI
	Plantation	, F!orida	9: 25 SIAIE
	(City)	(Zip code)	-
	ent's acceptance: ed as registered agent and to accept se application, I hereby accept the appoi	rvice of process for the above stated continuous as registered agent and agree to selective to the proper and complete p	o act in this capacity. I
lesignated in this arther agree to c	omply with the provisions of all statute amiliar with and accept the obligation	s of my position as registered agent.	

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

A. DIRE	Brian McAulev			
Chairman:	3 Garret Mountain Plaza, Suite #40!			
	Woodland Park, NJ 07424	<u></u>		
Vice Chai	man: Morgan O'Brien	>>- >>- 200 At 100 12 7 770 00000		
Address:	3 Garret Mountain Plaza, Suite #401			
	Woodland Park, NJ 07424			
Director:	John Sites	gefficiliensserver - 4000strans /F FF 150 F Also, Princel e s		
Address:	3 Garret Mountain Plaza, Suite #401	-		Ti af alauly po graf tha elver up
	Woodland Park, NJ 07424			
Director:	Peter Schiff			
Address:	3 Garret Mountain Plaza, Suite #401			
	Woodland Park, NJ 07424			
B. OFF		ALL SEC		:
President:		<u> </u>	Ē	1
Address:	3 Garret Mountain Plaza, Suite #401	SSE SER	20	\$ #:3477 6
	Woodland Park, NJ 07424	<u> </u>	Ä	1
Vice Pres	Timothy Gray	<u> </u>	_ Ω - Ω	1111
Address:	3 Garret Mountain Plaza, Suite #401	<u>Ş</u> F	a	
	Woodland Park, NJ 07424			······
Secretary	Richard Rohmann	· · · · · · · · · · · · · · · · · · ·	·····	·
Address:	3 Garret Mountain Plaza, Suite #401, Woodland Park, NJ 07424	The state of the s	-	
Treasurer				
Address:				
	If necessary, you may attach an addendum to the application listing additional officers	and/or directo	ors.	
The office are true to	Signature of Director or Officer (see or director signing this document (and who is listed in number 11 above) affirms that that he or she is aware that false information submitted in a document to the Depart		ted her	rein
	egree felony as provided for in s.817.155, F.S. othy Gray CFO			
4.J	(Typed or printed name and capacity of person signing application)			

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PACIFIC DATAVISION, 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-FIFTH DAY OF JUNE,
A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PACIFIC DATAVISION, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2014.

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

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

JUL 20 AM 9: 36

5524216 8300

150971855

AUTHENT CATION: 2501232

DATE: 06-25-15

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