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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 25 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EARVISION, 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:

KRISTEN PRULL MOONAN, ESQ.

Name of Person

MOONAN STRATTON & WALDMAN LLP

Firm/Company

120 WAYLAND AVENUE SUITE 5

Address

PROVIDENCE RI 02906

City/State and Zip code

CMASSE@MSWRI.COM

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

For further information concerning this matter, please call:

CHERYL MASSE

401

272 6300

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.

EARVISION, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

RHODE ISLAND

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

APRIL 15, 2002

4. _____ 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)

931 JEFFERSON BLVD., SUITE 2001 WARWICK, RI 02886

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: PARACORP INCORPORATED

Office Address: 155 OFFICE PLAZA DRIVE 1ST FLOOR

TALLAHASSEE, Florida 32301
(City) (Zip code)

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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.

see attached consent

(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.

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

A. DIRECTORS

Chairman: N/A
Address: _____

Vice Chairman: N/A
Address: _____

Director: N/A
Address: _____

Director: N/A
Address: _____

B. OFFICERS

President: MICHAEL ANDREOZZI
Address: 931 JEFFERSON BLVD., SUITE 2001
WARWICK, RI 02886

Vice President: AMY ANDREOZZI
Address: 931 JEFFERSON BLVD., SUITE 2001
WARWICK, RI 02886

Secretary: AMY ANDREOZZI
Address: SAME AS ABOVE

Treasurer: MICHAEL ANDREOZZI
Address: SAME AS ABOVE

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

12. 
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. Michael Andreozzi, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

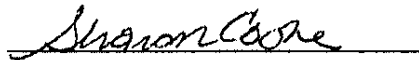
DATE: 8/3/2015

ENTITY NAME: EARVISION, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.



Sharon Cooke, Assistant Secretary
Paracorp Incorporated



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certification Number: **15070068850**

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

EARVISION, INC.

a Rhode Island corporation, filed original articles of incorporation in this office on

April 15, 2002

Effective

April 15, 2002

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

Thursday, July 30, 2015

Secretary of State

Authorized Agent

