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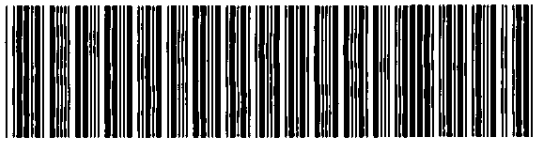
(Business Entity Name)

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16 OCT 20 AM 11:04  
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TALLAHASSEE, FLORIDA

D. SCOTT  
OCT 21 2016

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**DATE: 10/20/16**

**NAME: NEW VISION DISPLAY, INC**

**TYPE OF FILING: APPLICATION**

**COST: 78.75**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie*

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TALLAHASSEE, FLORIDA**

**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.*

NEW VISION DISPLAY, INC.

1. \_\_\_\_\_  
(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)  
CALIFORNIA

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

NOVEMBER 11, 2012

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)

1430 BLUE OAKS BLVD., SUITE 100, ROSEVILLE, CA 95747

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

155 Office Plaza Drive, 1st Floor

Office Address: TALLAHASSEE, \_\_\_\_\_

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

\_\_\_\_\_  
(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**

Jeffrey W. Olyniec, Director

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

1430 BLUE OAKS BLVD., SUITE 100, ROSEVILLE, CA 95747

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

\_\_\_\_\_

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

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

\_\_\_\_\_

Chen Jianbo, Director

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

1430 BLUE OAKS BLVD., SUITE 100, ROSEVILLE, CA 95747

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

\_\_\_\_\_

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

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

\_\_\_\_\_

**B. OFFICERS**

Jeffrey W. Olyniec

President: \_\_\_\_\_

1430 BLUE OAKS BLVD., SUITE 100, ROSEVILLE, CA 95747

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

\_\_\_\_\_

Vice President: \_\_\_\_\_

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

\_\_\_\_\_

Alan M. Lefko

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

1430 BLUE OAKS BLVD., SUITE 100, ROSEVILLE, CA 95747

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

Jeffrey W. Olyniec

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

1430 BLUE OAKS BLVD., SUITE 100, ROSEVILLE, CA 95747

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

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

12. \_\_\_\_\_

*Alan M. Lefko* Secretary  
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.

Alan M. Lefko, Secretary

13. \_\_\_\_\_

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

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**

**DATE:** 10/19/16

**ENTITY NAME:** New Vision Display, 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 Statutes.

  
\_\_\_\_\_

Sharon Cooke, Assistant Secretary  
Paracorp Incorporated

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**TALLAHASSEE, FLORIDA**

# State of California Secretary of State

## CERTIFICATE OF STATUS

**ENTITY NAME:**

NEW VISION DISPLAY, INC.

**FILE NUMBER:** C3519237  
**FORMATION DATE:** 11/15/2012  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

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 TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 18, 2016.

ALEX PADILLA  
Secretary of State