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Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Authority Foreign Business Entity

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 271B the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

- 1. The entity is a **profit** corporation.
- 2. The name of the entity is **PROVISION INCORPORATED**.
- 3. The name of the entity to be used in Kentucky is Provision Video Systems Incorporated.
- 4. The state or country under whose law the entity is organized is Michigan.
- 5. The date of organization is 07/13/2003.
- 6. The mailing address of the entity's principal office is 8625B Byron Commerce Dr SW, Byron Center, MI 49315.
- 7. The street address of the entity's registered office in Kentucky is **306 West Main St**, **Suite 512**, **Frankfort**, **KY 40601** and the name of the registered agent in that office is **National Registered Agents**, **Inc.**
- 8. The names and business addresses of the entity's representatives:

Elizabeth Peacock 8625B Byron Commerce Dr Sw, Byron Center, Michigan 49315

- 9. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
- 10. This application will be effective on filing.

Signature of Authorized Representative: Stephen Peacock

I, National Registered Agents, Inc., consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Rachael Glasheen