F24000003270

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
••							
Wau-83578							

Office Use Only



400429319524

05/08/24--01007--010 **87.50

RECEIVED MAY 0 7 2024

08/18/24--01008--014 **900.00

3/ 11 17 PH 4: 56



June 4, 2024

JEREMT TRUHEL 2875 RIDGEWOOD PARK DR. WINSTON SALEM, NC 27107 US

SUBJECT: CHURCH INTERIORS AUDIO & VIDEO, INC.

Ref. Number: W24000083515

We have received your document for CHURCH INTERIORS AUDIO & VIDEO, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$900.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 224A00012040

Ariel Jones Regulatory Specialist II

COVER LETTER

TO:	Registration Section Division of Corporations			
SHRI	ECT: Church Interiors Audio & V	ideo, Inc.		
3000		of corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of Good Standi	ing" and check are submi	
Please	return all correspondence concern	ning this matter to	o the following:	
J eremy	Truhel			
		Name of Pe	erson	
Church	Interiors Audio & Video, Inc.			
		Firm/Comp	any	
2875 R	idgewood Park Dr.			
		Addres	S	
Winsto	n Salem, NC 27107			
		City/State and	l Zip code	
jtruhel(@ciavl.com			
	E-mail addres	s: (to be used fo	r future annual report not	ification)
For fu	ther information concerning this t	natter, please cal	II:	
Jeremy	Truhel	336) 251-9146 Daytime Telephor	
	Name of Person	Area Code	Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations
Please	ed is a check for the following ammake check payable to: FLORIDA E .00 Filing Fee	DEPARTMENT Cong Fee &		■ \$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.

	Audio & Video, Inc.	TIOL II							
(Enter name of confine.," "Co.," "Co.," "Co.,"	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Com.")	"COMPANY," "CORPORATION,"							
(If name unavail	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)								
2. North Carolina									
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)							
4. 12/7/2004	5.								
(Date	of incorporation)	(Date of duration, if other than perpetual)							
6. ²⁰¹⁸									
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)									
2076 Didawyood	Park Dr. Winston Salem, NC 27107	oz, r.s., to determine penanty macrosty)							
7		e street address)							
	(Fincipal offic								
	(Current mailing	gaddress, if different)							
	(027011 111-111)	,,							
8 Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)							
	Tony Pruna, CPA, PA	Box NOT acceptable) PH 4: 56							
Name:									
Office Address:	4276 Gumbo Limbo Dr.	స్ట							
	Orlando	, Florida 32822							
	(City)	(Zip code)							
9. Registered age Having been nam	nt's acceptance: od as revistered agent and to accept servic	e of process for the above stated corporation at the place							
designated in this	application, I hereby accept the appointm	ent as registered agent and agree to act in this capacity. A							
further agree to co	omply with the provisions of all statutes re with and accept the obligations of my pos	lative to the proper and complete performance of my duti-							
ana 1 am jamusar	with and accept the obligations of my pos	mon us registeren ugenn							
	AAIM/	, ,							
_	Will have								
	(Registered agent's sig	gnature)							
		not more than 90 days prior to delivery of this application t							

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

A. DIRECTORS							
□Chairman	R. Daniel Wood	Chairman	Name:				
□Vice Chairman	Address: 8485 Lismore St.	□Vice Chairman	Address:				
Director	Clemmons, NC 27012	□Director					
■ President		□President					
□Vice President		□Vice President					
☐Secretary [*]	☐Treasurer	□Secretary		☐Treasurer			
□Other	Other	□Other		□ Other			
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director		<u></u>			
□President		□President					
□Vice President		□Vice President					
☐Secretary	□Treasurer	☐ Secretary		☐Treasurer			
□Other	Other	□ Other	.	Other			
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President		_			
Secretary	□Treasurer	□Secretary		☐Treasurer			
□Other		Other		Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. R. Daniel Wo	ood, President	·····					



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CHURCH INTERIORS AUDIO AND VIDEO, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 7th day of December, 2004, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of May, 2024.

Elaine J. Marshall

Secretary of State