



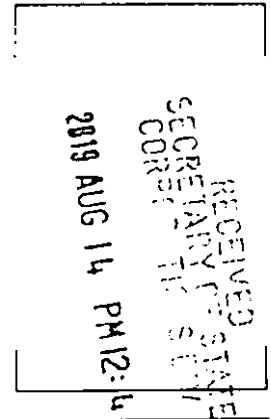
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Application for Certificate of Authority**

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:



1. The name of the corporation is:  ON Services - AV Specialists, Inc.		
2. It is incorporated under the laws of:      Delaware		
3. The name, if different, which it elects to use in Rhode Island is:  (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:  (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 06/29/2016		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is:  6779 Crescent Dr., Norcross, GA 30071		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name C T Corporation System		
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State <b>RHODE ISLAND</b>	Zip Code 02914

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED** ✓  
 AUG 14 2019 12:41  
 BY CH MAZINS

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Audio Visual Services Notwithstanding the foregoing, the purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business under the laws of its jurisdiction of incorporation.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
SEE ATTACHED	

Check the box to indicate an attachment ☒

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	SEE ATTACHED	
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment ☒

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1,000	Common	N/A	\$1.0000

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

Diana L. Watson

Date

8/13/2019

Signature of Authorized Officer of the Corporation

*Diana L. Watson*

SIGN DOCUMENT HERE

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

FORM 150 - Revised: 12/2017

**Company Name**

ON Services - AV Specialists, Inc.

**Main Office address**

6779 Crescent Dr., Norcross GA 30071

<b>Name</b>	<b>Directors</b>	<b>Work address</b>
Ellen Marie Ingersoll	Director	1850 N. Central Avenue, Suite 1900, Phoenix AZ 85004
Derek Paul Linde	Director	1850 N. Central Avenue, Suite 1900, Phoenix AZ 85004
Steven Walter Moster	Director	1850 N. Central Avenue, Suite 1900, Phoenix AZ 85004

<b>Name</b>	<b>Directors</b>	<b>Work address</b>
Steven Walter Moster	President	1850 N. Central Avenue, Suite 1900, Phoenix AZ 85004
Ellen Marie Ingersoll	Vice President	1850 N. Central Avenue, Suite 1900, Phoenix AZ 85004
Derek Paul Linde	Vice President and Corporate Secretary	1850 N. Central Avenue, Suite 1900, Phoenix AZ 85004
Kathy A. Seneff	Vice President – Finance & Assistant Secretary	7150 S. Tenaya Way Ste. 100, Las Vegas, NV 89113
Elyse Ann Newman	Treasurer	1850 N. Central Avenue, Suite 1900, Phoenix AZ 85004
David Swanberg	Executive Director-Shared Services	7150 S. Tenaya Way Ste. 100, Las Vegas, NV 89113
Nancy Bentzien Bowman	Assistant Secretary	1850 N. Central Avenue, Suite 1900, Phoenix AZ 85004
Jennifer Lynn Kaleta	Assistant Secretary	6800 Santa Fe Drive, Hodgkins IL 60525
Leslie Smith Striedel	Assistant Secretary	1850 N. Central Avenue, Suite 1900, Phoenix AZ 85004
Irma Villarreal	Assistant Secretary	1850 N. Central Avenue, Suite 1900, Phoenix AZ 85004
Diana Lynn Watson	Assistant Secretary	1850 N. Central Avenue, Suite 1900, Phoenix AZ 85004
Jonathan Alan Massimino	Assistant Secretary	1850 N. Central Avenue, Suite 1900, Phoenix AZ 85004

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ON SERVICES - AV SPECIALISTS, 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 FOURTEENTH DAY OF AUGUST, A.D. 2019.

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

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

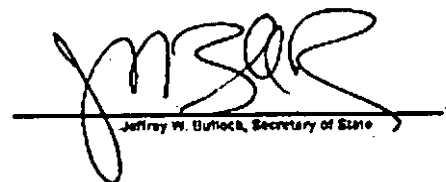
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SECRETARY OF STATE  
CORP. DIVISION  
2019 AUG 14 PM 12:41



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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203406524

Date: 08-14-19



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

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

August 14, 2019 12:41 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

