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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	 e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Section Division of Corporations				
	NETX INFORMATION S	YSTEMS INC			
SUBJ		e of corporation	- must include suffix		
Dear S	ir or Madam:	or corporation	indist include sum.		
"Certi	iclosed "Application by Foreign C ficate of Existence," or "Certifica referenced foreign corporation to	te of Good Sta	nding" and check are sub		
	return all correspondence concer I SALTSTEIN	ming this matte	r to the following:		
		Name of	Person		
NETX	INFORMATION SYSTEMS INC				
		Firm/Con	npany		
13 N U	UNION STREET				
		Addr	ress		
LAM	BERTVILLE, NJ 08530				
•		City/State a	and Zip code	·	
PDS@	PATRICKCPA.COM				2
	E-mail addre	ss: (to be used	for future annual report	notification) 🚈 🖰	
For fu	rther information concerning this	matter, please	call:	1.5 2.	وسمده ا
PATRICK SCHLAGEL, CPA 609		,	581-0604		2-A-3-3
	Name of Person	Area Coo	de Daytime Telep	ohone Number	(ii) (ii) (ii) (iii) (i
	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ess:	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
Enclos	sed is a check for the following ar	nount:			
= \$7	0.00 Filing Fee	ing Fee & 6	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate of Certified Cop	f Status &

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.

	orporation; must include "INCORPORATE forp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION	1		
NETX INFORM	MATION SOFTWARE				
(If name unavail	able in Florida, enter alternate corporate nan	me adopted for the purpose of transacting	business in Flor	ida)	
NEW JERSEY		22-3498812			
(State or countr	(State or country under the law of which it is incorporated) (FEI number, if applications)		plicable)		
03/06/1997					
(Date	of incorporation)	(Date of duration, if other t	han perpetual)		
	(Data first terromated husiness	s in Florida, if prior to registration)			
	(SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabilit	y)		
13 N UNION ST	(SEE SECTIONS 607.1501 & 607 REFT, LAMBERTVILLE, NJ 08530	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabilit	y) ∇, ≌		
13 N UNION ST	(SEE SECTIONS 607.1501 & 607 REET, LAMBERTVILLE, NJ 08530	7.1502, F.S., to determine penalty liabilit			
13 N UNION ST	(SEE SECTIONS 607.1501 & 607 REET, LAMBERTVILLE, NJ 08530 (Prin	7.1502, F.S., to determine penalty liabilit	Zan	ي سم	
	(SEE SECTIONS 607.1501 & 607 REET, LAMBERTVILLE, NJ 08530 (Prin	7.1502, F.S., to determine penalty liabilit ncipal office address)	2811 JUL + Z KII 		
	(SEE SECTIONS 607.1501 & 607 REET, LAMBERTVILLE, NJ 08530 (Prin	7.1502, F.S., to determine penalty liabilit neipal office address) idling address, if different) P.O. Box NOT acceptable)	Zan		
Name and stree	(SEE SECTIONS 607.1501 & 607 REET, LAMBERTVILLE, NJ 08530 (Prin (Current ma	7.1502, F.S., to determine penalty liabilit neipal office address) idling address, if different) P.O. Box NOT acceptable)	AU JOL 12 KITSO		
Name and street	(SEE SECTIONS 607.1501 & 607 REET, LAMBERTVILLE, NJ 08530 (Prin (Current ma et address of Florida registered agent: (I NELSON LECOUR 2825 CEDENA COVE STREET ORLANDO	7.1502, F.S., to determine penalty liabilit neipal office address) idling address, if different) P.O. Box NOT acceptable)	AU JOL 12 KITSO		

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.

(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.

A. DIRI	CCTORS			
Chairman	KEITH SALTSTEIN		<u>_</u>	
Address:	76 AUBURN ROAD, LONG BEACH TWSHP, NJ 08008			
_				
Vice Chair	man:			
				_
Director:				
Director:				
•				
B. OFFI	CERS			-
President:	KEITH SALTSTEIN			
	76 AUBURN ROAD, LONG BEACH TWSHP, NJ 08008	ž	2019	
			13.5	4
Vice Presid	lent:	<u> </u>	ر ا د:	marketi S
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Addiess		<u>-</u>	77m." . 31	
Secretary;	JESSICA SALTSTEIN	: . :		
-	76 AUBURN ROAD, LONG BEACH TWSHP, NJ 08008			
Treasurer:	JESSICA SALTSTEIN			
	76 AUBURN ROAD, LONG BEACH TWSHP, NJ 08008			
NOTE: 1	f necessary, you may attach an addendum to the application listing additional officers	and/or dire	ctors.	
are true ar	Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affirms that do that he or she is aware that false information submitted in a document to the Departure felony as provided for in s.817.155, F.S.	t the facts ment of Sta	stated l	herein stitutes
13. <u>KEIT</u>	H SALTSTEIN, CHAIRMAN & PRESIDENT			
	(Typed or printed name and capacity of person signing application)			<u> </u>

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

NETX INFORMATION SYSTEMS INC.

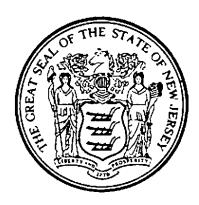
0100698121

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on March 06, 1997.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

KEITH B SALTSTEIN 76 AUBURN ROAD LONG BEACH TOWNSHIP, NJ 08008



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 26th day of June, 2019

at on Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6098535252

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Vertfy_Cert.jsp