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## **COVER LETTER**

	O: Registration Section Division of Corporations					
SUBJEC	924, Inc. (alt. corporate name Br	andywine Techn	ology, Inc.)			
30101.0		orporation - m	ust include suffix			
Dear Sir o	or Madam:					
"Certifica	sed "Application by Foreign Corporte of Existence," or "Certificate of erenced foreign corporation to trans	Good Standing	" and check are subr			
Please reti	urn all correspondence concerning	this matter to tl	ne following:			
Russell P.	Rozanski					
		Name of Pers	on			
Agents of	Delaware, Inc.					
	· -	Firm/Company	/			
257 Old C	hurchmans Rd.					
		Address				
New Castle	e, DE 19720					
	C	ity/State and Z	ip code			
russ@ager	ntsofdelaware.com					
	E-mail address: (to	o be used for fu	iture annual report n	otification)		
For furthe	r information concerning this matte	er, please call:				
Russell P.	Rozanski at i	at (302 ) 544-4267  Of Person Area Code Daytime Telephone Number				
N	lame of Person	Area Code	Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please mak	is a check for the following amount e check payable to: FLORIDA DEPA Filing Fee	RTMENT OF ee &   \qu	STATE 8.75 Filing Fee & rtified Copy	☐ \$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.

924, Inc.				
	corporation; must include "INCORPORATED," " Corp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION,"		
Brandywine To	echnology, Inc.			
(If name unavai	ilable in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Florida	ι)	
Delaware 2.	3 5	-0393287		
(State or coun	3. 1 try under the law of which it is incorporated)	(FEI number, if applicable)	<u> </u>	
4 5.		'a		
	te of incorporation)	(Date of duration, if other than perpetual)	_	
6. n/a				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		_	
724 Yorklyn Ro	oad, Suite 305, Hockessin, DE 19707			
/·	(Principal office	street address)	_	
	(Current mailing a	address, if different)	_	
8. Name and stre	eet address of Florida registered agent: (P.O. I	3ox NOT acceptable)		
Name:	Registered Agents Inc.			
Office Address:	7901 4th St N STE 300			
	St. Petersburg	, Florida 33702 745 81 82 82 82 82 82 82 82 82 82 82 82 82 82		
	(City)	(Zip code)	Ţ	
9 Registered as	gent's acceptance:	(Zip code)	·	
Having been nat	med as registered agent and to accept service	of process for the above stated corporation at the		
designated in thi	is application, I hereby accept the appointmen	nt as registered agent and agree to act in this con	acity 1	
	comply with the provisions of all statutes real ir with and accept the obligations of my posit	tive to the proper and complete performance of ion as registered agent.	· -	
	Bel Hame	Registered Agents Inc. Bill Havre - Assistant Secretary		

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.

(Registered agent's signature)

## A. DIRECTORS Joel Pierson Kim McColgan-Pierson ☐ Chairman □ Chairman 724 Yorklyn Road, Suite 305 724 Yorklyn Road, Suite 305 □Vice Chairman ☐ Vice Chairman Address: Address: \_ Hockessin, DE 19707 Hockessin, DE 19707 □Director □ 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 □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. 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. Joel Pierson, President

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "924, 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 TWENTY-SECOND DAY OF FEBRUARY, A.D. 2022.



Authentication: 202729637

Date: 02-22-22