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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Book Systems, Inc.

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Help

S. ROBERTS

FEB 1 5 2023

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.

Book Systems,	Inc.				
(Enter name of e "Inc.," "Co.," "C	ecrperation; must include "INCORPOR Terp," "Inc," "Co," or "Corp.")	(ATED," "C	COMPANY," "CORPORATION,	11	•
(If name unavail	able in Florida, enter alternate corporat	te name adoj	oted for the purpose of transacting	business in Flor	ida)
Alabama					ĺ
(State or countr	y under the law of which it is incorpora	ated)	(FEI number, if app	licable)	
07/10/1992		5.			
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
	(Date first transacted bu (SEE SECTIONS 607,150)	siness in Flo & 607,1502,	rida, if prior to registration) F.S., to determine penalty liability	•)	
	4901 University Square Suite 3, Huntsville, AL 35816				
· <u> </u>	(Princ	ipal office st	reet address)		
	(Curren	nailing ad	dress, if different)		
. Name and street	<u>r: acdress</u> of Florida registered agen	it: (P.O. Bo	ox <u>NOT</u> acceptable)	7	202361
Name:	C T Corporation System		_	. 4	
Office Address:	1200 South Pine Island Road			٠	.::
	Plantation		FL 33324		3
	(City)	······································	(Zip code)		(
Registered age	eat's acceptance:				ĺ

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.

Ey:	Chuatini VOV	Christine Kelm, Assistant Secretary		
(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.

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

A. DIRECTORS Chairman	Name: Michael Scott Burton		
			Name:
□Vice Chairman	Address: 4901 University Square Suite 3	□Vice Chairman	Address:
□Director	Huntsville, AL 35816	☐Director	
DPresident		El President	
□Vice President		□Vice President	
□ Secretary	☐ Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	Other
Chairman	Name:	□Chainnan	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
ElDirector		□ Director	71-71-
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□ Secretary	Treasure:
□Other	BOther	□Other	
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		☐Vice President	
□Secretary	CTreasurer	□ Secretary	□ Treasurer
□Other	□Other □	□Other	□ Other
individuals may be	Use an attachment to report more than six (6). The attanded to the index when filing your Florida Department of Director of Di	ent of State Annual Re	port form.
The officer or directshe is aware that falls. S.S.17.155, F.S.	to-signing this document (and who is listed in number is information submitted in a document to the Depart Michael Scott Burton, President, Book Systems	er 11 above) affirms the tment of State constitut	at the facts stated herein are true and that he of

(Typed or printed name and capacity of person signing application)

Wes Allen Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Book Systems. Inc. was formed in Madison County on July 10, 1992. The Alabama Entity Identification number for this entity is 000-150-737. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20230210000004064

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

02/10/2023

Date

Wes Allen

Secretary of State