F04-000002676

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		13/1/20
	Office Use Onl	· Child



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TRANSMITTAL LETTER

10:	Division of Corporations			
SUBJ	ECT:	Stitel S	ustems In	<u>ر</u> .
~~~		(Name of corpor	ation - must include suffix)	
Dear S	ir or Madam:			
"Certif		", and check are submitted	for Authorization to Transac to register the above reference	
Please	return all corresp	ondence concerning this ma	tter to the following:	
		David Zo	Inardi	
		(Nam	e of Person)	
	·	Atticus La	aw, LLC	
		(Firm	(Company)	,
	<del></del>	672 N. F	-lagier Dr.	# 509
		MACH Dala	$\mathcal{Z}_{000}$	E1 221101
	· · · · · · · · · · · · · · · · · · ·	WEST PANY	ate and Zip code)	FL 009UI
		(0113751	are and zip code)	
For fu	ther information	concerning this matter, plea	se call:	TALL
	David Z (Name of Perso	anaval at 70	23 470 -42 rea Code & Daytime Telepho	Es R
Regist Division 409 E.	ET ADDRESS: ration Section on of Corporation Gaines St. assee, FL 32399	S	MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns
Enclos	ed is a check for	the following amount:		
<b>□</b> \$70	0.00 Filing Fee	78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.				
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
2. AVIZONO 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)				
January 28, 2004 s. perpetual				
(Date offincorporation) (Duration: Year cdrp. will cease to exist or "perpetual")				
6. March 15, 2004 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")				
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)				
, 625 11. Flagler Dr. #509 West Halm Beach, FL 3340				
(Principal office address)				
Current mailing address)				
3. Telecommunications  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)				
P. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)				
Name: David Zanardi				
Office Address: 625 N. Flagle Dr. #509				
West Palm Beach, Florida 33401				
(City) (Zip code)				
O. Registered agent's acceptance: 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.				

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

(Registered agent's signature)

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Address.	
Director: MR. NOOT A. Chowdhury	
Address: UZ5 N Flagler Dr # 509	
West Palm Beach, FL 33401	
- MC PAIN TAYAC	
1 AL FLORIDE D. H COO	
West Palm Beach, FL 33401	
B. OFFICERS	
President:	
Address:	
Vice President:	O SEL
Address:	AH.
	-7 -7 \SS
Secretary:	TC P IN
	4: 2 OR
Address:	10.2
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addi	tional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the applie	
Cancer of Discovery	cation)
(Typed or printed name and capacity of person signing a	pplication)





Office of the

#### **CORPORATION COMMISSION**

#### CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

#### ***STITEL SYSTEMS, INC. ***

a domestic corporation organized under the laws of the State of Arizona, did incorporate on January 28, 2004.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 26th Day of April, 2004, A. D.

Executive Secretary

By Lam Bedard