# F060000002431

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|-----------------------------------------|--------------------|-----------|--|
| (Requestor's Name)                      |                    |           |  |
|                                         |                    |           |  |
| (Ac                                     | idress)            |           |  |
|                                         |                    |           |  |
| (Address)                               |                    |           |  |
|                                         |                    |           |  |
| (City/State/Zip/Phone #)                |                    |           |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |
|                                         |                    |           |  |
| (Bu                                     | ısiness Entity Nar | ne)       |  |
|                                         |                    |           |  |
| (Do                                     | ocument Number)    |           |  |
|                                         |                    |           |  |
| Certified Copies                        | _ Certificates     | of Status |  |
|                                         |                    |           |  |
| Special Instructions to Filing Officer: |                    |           |  |
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### **COVER LETTER**

| TO: New Filing Section                                                                                                                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Division of Corporations  Intercom Endoral Systems Corporation                                                                                                                                                                                 |  |  |
| SUBJECT: Intercom Federal Systems Corporation  (Name of corporation - must include suffix)                                                                                                                                                     |  |  |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                          |  |  |
| Dear Sir or Madam:                                                                                                                                                                                                                             |  |  |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida. |  |  |
| Please return all correspondence concerning this matter to the following:                                                                                                                                                                      |  |  |
| Gary S. Silverman, Esq.                                                                                                                                                                                                                        |  |  |
| (Name of Person)                                                                                                                                                                                                                               |  |  |
| Silverman & Associates, Chtd.                                                                                                                                                                                                                  |  |  |
| (Firm/Company)                                                                                                                                                                                                                                 |  |  |
| 11200 Rockville Pike, Suite 300                                                                                                                                                                                                                |  |  |
| (Address)                                                                                                                                                                                                                                      |  |  |
| N. Bethesda, Maryland 20852                                                                                                                                                                                                                    |  |  |
| (City/State and Zip code)                                                                                                                                                                                                                      |  |  |
|                                                                                                                                                                                                                                                |  |  |
| For further information concerning this matter, please call:                                                                                                                                                                                   |  |  |
|                                                                                                                                                                                                                                                |  |  |
| Jeremy Scott at ( 301 ) 468-4990                                                                                                                                                                                                               |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                |  |  |
| STREET/COURIER ADDRESS: MAILING ADDRESS:                                                                                                                                                                                                       |  |  |
| New Filing Section New Filing Section                                                                                                                                                                                                          |  |  |
| Division of Corporations Division of Corporations                                                                                                                                                                                              |  |  |
| Clifton Building P.O. Box 6327                                                                                                                                                                                                                 |  |  |
| 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301                                                                                                                                                                       |  |  |
| Enclosed is a check for the following amount:                                                                                                                                                                                                  |  |  |
| \$70.00 Filing Fee \$\ S78.75 Filing Fee & \tag{S78.75 Filing Fee & \tag{S87.50 Filing Fee, Certificate of Status & Certified Copy Certificate of Status & Certified Copy                                                                      |  |  |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 22, 2006

GARY S. SILVERMAN, ESQ. 11200 ROCKVILLE PIKE, STE. 300 N. BETHESDA, MD 20852

SUBJECT: INTERCOM FEDERAL SYSTEMS CORPORATION

Ref. Number: W06000013872

We have received your document for INTERCOM FEDERAL SYSTEMS CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 206A00019568

Carolyn Lewis Document Specialist

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

| IN COMPLIANCE<br>REGISTER A FOI                                                                                                                                                                                                                  | E WITH SECTION 607.1503, FLORIDA S<br>REIGN CORPORATION TO TRANSACT. | TATUTES, THE FOLLOWING IS SUBMITTED TO<br>BUSINESS IN THE STATE OF FLORIDA. | · U. |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------|------|--|--|--|
| Intercom                                                                                                                                                                                                                                         | Federal Systems Corpo                                                | oration ·                                                                   |      |  |  |  |
| (Enter name of o                                                                                                                                                                                                                                 | orporation; must include "INCORPORATED                               | ," "COMPANY," "CORPORATION,"                                                |      |  |  |  |
| "inc.," "Co.," "C                                                                                                                                                                                                                                | arp," "Inc." "Co," or "Corp.")                                       |                                                                             |      |  |  |  |
|                                                                                                                                                                                                                                                  |                                                                      | <u>.</u>                                                                    |      |  |  |  |
| (If name unevail)                                                                                                                                                                                                                                | able in Florida, enter alternate corporate name                      | adopted for the purpose of transacting business in Florida)                 |      |  |  |  |
| <sub>2</sub> Maryland                                                                                                                                                                                                                            | r E                                                                  | 521796735                                                                   |      |  |  |  |
| (State or country                                                                                                                                                                                                                                | under the law of which it is incorporated)                           | (FEI number, if applicable)                                                 |      |  |  |  |
| 4 08/03/19                                                                                                                                                                                                                                       | 92 5.                                                                | Perpetual                                                                   |      |  |  |  |
| (Date                                                                                                                                                                                                                                            | of incorporation)                                                    | (Duration: Year corp. will cease to exist or "perpetual")                   |      |  |  |  |
| 6                                                                                                                                                                                                                                                |                                                                      |                                                                             |      |  |  |  |
| (Date first transacted business in Florids, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)                                                                                                   |                                                                      |                                                                             |      |  |  |  |
| <sub>7.</sub> 4938 Hampden Lane, #350, Bethesda, Maryland 20814                                                                                                                                                                                  |                                                                      |                                                                             |      |  |  |  |
| (Principal office address)                                                                                                                                                                                                                       |                                                                      |                                                                             |      |  |  |  |
| 4938 Hampden Lane, #350, Bethesda, Maryland 20814                                                                                                                                                                                                |                                                                      |                                                                             |      |  |  |  |
|                                                                                                                                                                                                                                                  | (Current mailing ad                                                  | dress)                                                                      |      |  |  |  |
| 。 Informati                                                                                                                                                                                                                                      | ion & Technology Servic                                              | es ·                                                                        |      |  |  |  |
|                                                                                                                                                                                                                                                  | ) of corporation authorized in home state or c                       |                                                                             |      |  |  |  |
| 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)                                                                                                                                                                |                                                                      |                                                                             |      |  |  |  |
| Name:                                                                                                                                                                                                                                            | CT Corporation System c/o CT Con                                     | poration System                                                             |      |  |  |  |
| Office Address:                                                                                                                                                                                                                                  | 1200 South Pine Island                                               | d Road                                                                      | FILE |  |  |  |
|                                                                                                                                                                                                                                                  | Plantation                                                           | mortdo 33324                                                                |      |  |  |  |
|                                                                                                                                                                                                                                                  | (City)                                                               | , Florida 33324 FS                                                          | U    |  |  |  |
| 10. Registered agent's acceptance:                                                                                                                                                                                                               |                                                                      |                                                                             |      |  |  |  |
| Having been named as registered agent and to accept service of process for the above stated corporation at the place<br>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 fumiliar with and accept the obligations of my position as registered pession that Stacy M. Assembla                                                                                                                                    |                                                                      |                                                                             |      |  |  |  |
|                                                                                                                                                                                                                                                  |                                                                      | Vice President and<br>Assistant Secretary                                   |      |  |  |  |
|                                                                                                                                                                                                                                                  |                                                                      | ) Wasiaran                                                                  |      |  |  |  |

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.

(Registered agent's signature)

| 12. Names and business addresses of officers and/or directors:                                                   | FILED                               |  |  |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|
| A. DIRECTORS                                                                                                     | 06 400                              |  |  |
| Chairman: Alex Ferguson                                                                                          | 06 APR 18 AM 7:55                   |  |  |
| Address: 4938 Hampden Lane, #350, Bethesda, N                                                                    | Maryland 2089 ASTATE                |  |  |
| Vice Chairman: Michael Strich                                                                                    |                                     |  |  |
| Address: 4938 Hampden Lane, #350, Bethesda, N                                                                    | Maryland 20814                      |  |  |
| Director: Gary S. Silverman, Esq.                                                                                |                                     |  |  |
| Address: 4938 Hampden Lane, #350, Bethesda, I                                                                    | Maryland 20814                      |  |  |
| Director:                                                                                                        |                                     |  |  |
| Address:                                                                                                         | –                                   |  |  |
| B. OFFICERS  President: Michael Strich  Address: 4938 Hampden Lane, #350, Bethesda, N                            | Maryland 20814                      |  |  |
| Vice President:                                                                                                  |                                     |  |  |
| Address:                                                                                                         |                                     |  |  |
| Secretary: Gary S. Silverman, Esq.                                                                               |                                     |  |  |
| Address: 4938 Hampden Lane, #350, Bethesda, N                                                                    | /laryland 20814                     |  |  |
| Treasurer: Gary S. Silverman, Esq.                                                                               |                                     |  |  |
| Address: 4938 Hampden Lane, #350, Bethesda, N                                                                    | Maryland 20814                      |  |  |
| NOTE: If necessary, you may attach an addendum to the application listing ad                                     | ditional officers and/or directors. |  |  |
| (Signature of Director or Officer listed in number 12 of the                                                     | ••                                  |  |  |
| 14. <u>Dary Silverman</u> , <u>Secretary and Treasurer</u> (Typed or printed name and capacity of person signing | application)                        |  |  |

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT INTERCOM FEDERAL SYSTEMS CORPORATION IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 14, 2006.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410)333-7097