

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	To:	Division of Corporations Fax Number : (850)617-6383	
	From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850) 205-8842 Fax Number : (850) 878-5368	201
	the emai nual rep	il address for this business entity to be used for Turbor mailings. Enter only one email address pleaser** """ """	7.
PM 1:06 OF STATE E. FLORIDA	FOR	EIGN PROFIT/NONPROFIT CORPORATION Syscom, Inc	و ا ه ا ه
AUG -5 SPE TANY ANA SSE		Certificate of Status 0 ATTN Certified Copy 0 Page Count 05 Estimated Charge \$70.00	: Dus- Shiven
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8/5/2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2015

DION ARELLANO 4419 MUSTANG LANE CHIPLEY, FL 32428

SUBJECT. SYSCOM, INC Ref. Number: W15000047086 We have received your document for SYSCOM, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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 Stale; dure 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 oatboof 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 the corrected original and one copy of your document, along with accopy 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 015A00014688

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

15 AUG -5 PH 1

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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") Syscom Services, Inc. (If name unavailable in Florida, enter obternate corporate name acopted for the purpose of transacting business in I torida) (State or country under the law of which it is incorporated) (FEI number, if applicable) 5, <u>perpelual</u> 4, (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607 1501 & 607.1502, F.S., to determine penalty Hability) 309 North Santa Fe, Pueblo CO 81003 (Principal office address) 4525 Sandstone, Monument, CO 80132 (Current mailing address, if different) 8. Name and airest address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place

By: Kimberty Steinmetz
Vice President & Assistant Secretary
(Registered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent.

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

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

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Dion Arellano	
Address: 4525 Sandstone, Monument, CO 80132	
Vice Chairman:	
Address:	
Director:	·
Address:	
Director.	.
Address:	
B. OFFICERS	
President: Dion Arellano	
Address: 4525 Sandstone, Monument, CO 80132	, 4
	TALLI TALLI
Vice President:	
Address:	HE F
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Secretary:	SS C
Address:	() () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () ()
Trengurer;	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers	s und/or directors.
Signature of Director or Officer	-
The officer or director signing this document (and who is listed in number 11 above) affirms the are true and that he or she is aware that false information submitted in a document to the Ocpar a third degree felony as provided for in s.817.155, F.S.	sat the facts stated herein riment of State constitutes
Dion Arellano President	
(Typed or printed name and capacity of person signing application)	

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

SysCom, Inc.

is a Corporation formed or registered on 05/16/2011 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20111286420.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/04/2015 that have been posted, and by documents delivered to this office electronically through 08/05/2015 @ 10:25:27.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 08/05/2015 @ 10:25:27 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9267458.



Secretary of State of the State of Colorado

Natice. A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.aos.state.co.us/br/CertificateSearch/riteria.dg entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the yalid and effective issuance of a certificate. For more information, visit our Web site, http://www.sor.state.co.us/chck-Business Center and select "Frequently Asked Questions."