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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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2016 JAN 19 PH 4: 10

K. SALY EXAMNER JAN 22

COVER LETTER

TO: Registration Section	
Division of Corporations Internet Systems Group, Inc	
SUBJECT:	
Name of corpora	tion - must include suffix
Dear Sir or Madam:	•
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact but	Standing" and check are submitted to register the
Please return all correspondence concerning this ma Jim Ezzell	atter to the following:
Name	of Person
Internet Systems Group, Inc	
Firm/C	Company
2605 NW 114th Ave	1
A	ddress
Coral Springs, FL 33065	
City/Sta	te and Zip code
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Jim Ezzell 954	507-6365
Name of Person Area	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status &

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.

1.	ternet Systems			
(En	nter name of c c.," "Co.," "C	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION	N,"
De	name unavaila	able in Florida, enter alternate corporate name	47-4385047	
6/2	State or countr 29/2015		(FEI number, if ag	
4 1/1 6.	(Date	Date of incorporation) 5. (Date of duration, if other than perpetual)		than perpetual)
113		(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 ofessional Center, Newark, DE, 19711	in Florida, if prior to registration) 1502, F.S., to determine penalty liabil	ity)
(Principal office address) 2605 NW 114th Ave, Coral Springs, FL 33065		2016 JAN		
		(Current mail	ing address, if different)	AH 19
8. Na	me and stree Name:	et address of Florida registered agent: (P. Jim Ezzell	O. Box <u>NOT</u> acceptable)	PK 4: 1
Office	e Address:	2605 NW 114th Ave		
		Coral Springs	33065 , Florida	
		(City)	(Zip code)	

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 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.

(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. Names and business addresses of officers and/or directors:	fra g t
A. DIRECTORS	2016 JAN 19 PA 4: 10
James E Ezzell Chairman:	JAN 19 5-
2605 NW 114th Ave, Coral Springs, FL 33065	TALLINETARY
Address:	THANSSEE. FI MAIS
Vice Chairman:	
Address:	
Address	
Director	
Director:	
Address:	
Director:	
Director:	
Address:	
B. OFFICERS James E Ezzell President: 2605 NW 114th Ave, Coral Springs, FL 33065 Address:	
Vice President:	
Address:	
Address.	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
12.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S. 13.	above) affirms that the facts stated herein iment to the Department of State constitutes
(Typed or printed name and capacity of person signi	ng application)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "INTERNET SYSTEMS GROUP 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-SIXTH DAY OF

JUNE, A.D. 2015.



5773692 8300

150970453

AUTHENT CATION: 2506101

DATE: 06-26-15

You may verify this certificate online at corp.delaware.gov/authver.shtml