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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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2016 SEP 15 PH 3: 34

K.EALT EXAMINER SEP 16

COVER LETTER

TO:	CO: Registration Section Division of Corporations					
SHR'	NLESYSTEMS	INC,				
БОВ	<u></u>	Name of corporation	on - musi	include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by ficate of Existence," or ' referenced foreign corp	'Certificate of Good St	anding"	and check are subn		
	return all corresponden n Akobian	ce concerning this matt	er to the	following:		
		Name o	f Person	· · · · · · · · · · · · · · · · · · ·		
NLES	ystems Inc,					
		Firm/Co	mpany			
433 W	'. Colorado St					
		Ado	lress			
Glenda	ale, CA 91204					
		City/State	and Zip	code		
sarmer	n@nlesystems.com	77 11 4	100			
	E-n	nail address: (to be used	i for futt	ire annual report no	otification)	
For fu	rther information concer	ning this matter, please	e call:			
Sarmen Akobian		818		242 4996		
	Name of Person	at (Area Co		Daytime Telepho	one Number	
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		ons r Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for the fol	lowing amount:				
□ \$70		78.75 Filing Fee & Certificate of Status		75 Filing Fee & fied Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

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. (Enter name of c	corporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,	93
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")		
NLE Systems I	nc.		
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting	business in Florida)
California 2.	3	200-109-170	
(State or count) 2003	ry under the law of which it is incorporated)	(FEI number, if app	
	5	(Date of duration, if other the	nan perpetual)
6.			
	(Date first transacted business in F		.)
433 W. Colorado	(SEE SECTIONS 607.1501 & 607.150) St., Glendale, CA 91204	2, r.S., to determine penalty hability	<i>(</i>)
7	(Principal	office address)	
433 W. Colorado	o St., Glendale, CA 91204	, , , , , , , , , , , , , , , , , , , ,	201 7A
	(Current mailing	address, if different)	2016 SEP
			المستعدد أراح أحش
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	288
Name:	Armen Karyan	<u></u>	
Office Address:	1942 NE 123rd St		PH 3: 31
Office Address.	North Miami		
	(City)	(Zip code)	
O Paristand or	ent's acceptance:		
	ent's acceptance. 1ed as registered ayent and to accept service	e of process for the above stated	corporation at the place
	application, I hereby accept the appointme comply with the provisions of all statutes rel		
	omply with the provisions of all statutes rel familiar with and accept the obligations of i		e perjormance oj my
	0 // //		
	Must		
	TRagistarad ou	ent's signature)	and the second

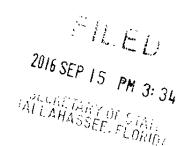
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS	2016 SEP 15 PM 3: 34
Chairman:	3:34 PM 3:34
Address:	FALLAHASSEE, FLORIUM
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS Ohannis Dikramanjian President: 433 W. Colorado St. , Glendale, CA 91204 Address:	
Anna Petrosyan Vice President:	
Address: 433 W. Colorado St. , Glendale, CA 91204	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addi	itional officers and/or directors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 about 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.	
Ohannis Dikramanjian	
(Typed or printed name and capacity of person signing a	pplication)

State of California

Secretary of State

CERTIFICATE OF STATUS



ENTITY NAME:

NLESYSTEMS, INC.

FILE NUMBER:

C2519463

FORMATION DATE:

07/08/2003

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 01, 2016.

ALEX PADILLA Secretary of State