Division of Corporations



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(((H170000991593)))



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| Tc:   |  | ب <u>ح</u>  |
|       | Division of Corporations   | 파<br>건<br>건 |
|       | Fax Number : (850)617-6383   |             |
|       | •  |             |
| From: |  | _           |
|       | Account Name : C T CORPORATION SYSTEM  |             |
|       | Account Number : FCAB80888883  |             |
|       | Phone : (614)283-3338  | •           |
|       | Fax Number : (954)208-0845 -   |             |

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email      | Address: |  |
|------------|----------|--|
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FOREIGN PROFIT/NONPROFIT CORPORATION

Elxsi Corporation

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$78.75 |

## File Second after H17000099146

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## 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. ELXSI Corporation (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) Delaware (PBI number, if applicable) (State or country under the law of which it is incorporated) Perpetual (Date of duration, if other than perpetual) (Date of incorporation) Upon filing (Date first transacted business in Plorida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3600 Rio Visia Avenue, Orlando, FL 32805 (Principal office address) 3600 Rio Vista Avenue, Orlando, FL 32805 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address:

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.

, Florida \_\_\_

ANN J. WILLIAMS

Assistant Vice President

C T Corporation System

(City)

Plantation

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:  |                         |
|---|-------------------------|
| A. DIRECTORS  |                         |
| Chairman: Alexander M. Milley   |                         |
| Address: 3600 Rio Vista Avenue, Orlando, FL 32805   | <del></del>             |
|   |                         |
| Vice Chaliman:  |                         |
| Address:  | <u> </u>                |
|   |                         |
| Director: Dennis O'Donnell, MD  |                         |
| Address: 3600 Rio Visin Avonue, Orlando, FL 32805   |                         |
| 7300133   |                         |
| Purokh Kayamana   |                         |
| Address: 3600 Rio Viste Avenue, Orlando, FL 32805   |                         |
|   |                         |
| n correnne  |                         |
| B. OFFICERS CEO - Alexander M. Milley   |                         |
| President:  3600 Rio Visto Avenue, Orlando, FL 32805  |                         |
| Address   |                         |
| Char Cel Louis N. Marks   |                         |
| Vice President: Gen Csl - Louis N. Marks .  | 3                       |
| Address: 3600 Rio Vista Avenue, Orlando, FL 32805   | <del></del>             |
|   |                         |
| Secretary: VP - David M. Doolittle  |                         |
| Address: 3600 Rio Vista Avenue, Orlando, FL 32805   | <del>- •</del>          |
| Treasurer: CFO - David M. Doolittle   |                         |
| Address: 3600 Rio Vista Avenue, Orlando, FL 32805   |                         |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and                                       |                         |
|   |                         |
| 12. (Ma) XI, Mc   | exer                    |
| Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the | e facts stated herein   |
| are true and that he or she is aware that false information submitted in a document to the Departmen                                    | nt of State constitutes |
| n third degree felony as provided for in s.817.155, F.S Louis N. Murks, Vice President  | • • •                   |
| (Typed or printed name and capacity of person signing application)  |                         |



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ELXSI CORPORATION" 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 SEVENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

••

2097196 8300
SR# 20172362772
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202344817

Date: 04-07-17