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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 Phone : (561)694-8107 : (561)694-1639 Fax Number

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

| Email . | Address: | | · | | | | |
|---------|----------|--|---|--|--|--|--|
|---------|----------|--|---|--|--|--|--|

FOREIGN PROFIT/NONPROFIT CORPORATION Saab, Inc.

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

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

15612148442

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Saab, Inc.

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

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4/28/20, 4:58 PM

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.

| Saab, Inc. | | | | | |
|--|--|--|--|--|--|
| | orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | ` "COMPANY," "CORPORATION," | | | |
| (If name unavaila | able in Florida, enter alternate corporate name | adopted for the purpose of transacting business in Florida) | | | |
| Delaware | 3 | | | | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if applicable) | | | |
| 2/12/1997 | 5. | | | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | | |
| | | | | | |
| | (Date first transacted business in | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | | | |
| 5717 Enterprise F | Parkway, East Syracuse, NY 13057 | 72, 1.5., to determine penany habitity) | | | |
| | | ce street address) | | | |
| | (| | | | |
| | (Current mailin | ng address, if different) | | | |
| | | | | | |
| Name and stree | et address of Florida registered agent: (P.C |), Box <u>NOT</u> acceptable) | | | |
| Name: | Corporate Creations Network Inc. | | | | |
| | 801 US Highway 1 | | | | |
| ffice Address: | | | | | |
| | North Palm Beach | , Florida 33408 (Zip code) | | | |
| | (City) | (Zip code) | | | |
| . Registered age | ent's acceptance: | <u></u> | | | |
| laving been nam | ned as registered agent and to accept servi | ce of process for the above stated corporation at the pla | | | |
| esignatea in this irther agree to c | application, I nereby accept the appoints omply with the provisions of all statutes r | nent as registered agent and agree to act in this capacity elative to the proper and complete performance of my d | | | |
| | with and accept the obligations of my po | | | | |
| | | Ç. | | | |
| | /s/ Caitlin Lazarus | Caitlin Lazarus, Special Secretary | | | |

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.

(Registered agent's signature)

| A. DIRECTORS | | | | | | |
|-----------------------------------|--|-----------------------------|--|-----------------------------------|--|--|
| □Chairman | Name: Erik Smith | □ Chairman | Name: Larry Harris | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: 5717 Enterprise Parkway East Syracuse, NY 13057 | | | |
| Director | East Syracuse, NY 13057 | Director | | | | |
| President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| □Secretary | ☐Treasurer | ☐Secretary | | Treasurer | | |
| Other | | □Other | | □Other | | |
| | Marc Nichols | | | | | |
| □ Chairman | Name: | □Chairman | Name: | | | |
| □Vice Chairman | Address: 5717 Enterprise Parkway | □Vice Chairman | Address: | | | |
| □Director | East Syracuse, NY 13057 | □Director | | | | |
| □President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| Secretary | □Treasurer | ☐ Secretary | | □Treasur a | | |
| Other | | ☐Other | | □Other | | |
| | | | | | | |
| □Chairman | Name: | □Chairman | Name: | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| □Director | | Director | | 2 | | |
| President | | □President | | | | |
| □Vice President | | □Vice President | | 0 | | |
| Secretary | ☐Treasurer | ☐ Secretary | | ☐Treasurer :: | | |
| □Other | | □ Other | | □Other 2 | | |
| individuals may be /s/ Caitlin La | Use an attachment to report more than six (6). To eadded to the index when filing your Florida De azarus Signature of Dir | partment of State Annual Re | eport form. | | | |
| The officer or dire | ctor signing this document (and who is listed in | number 11 above) affirms th | nat the facts stat | ted herein are true and that he o | | |

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SAAB, 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-SEVENTH DAY OF APRIL, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAAB, INC." WAS INCORPORATED ON THE TWELFTH DAY OF FEBRUARY, A.D. 1997.

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

2020 Km 30 Pm 1:28



Authentication: 202833572

Date: 04-27-20

850-617-6381

RECEIVED 04/30/2020 14:09 4/30/2020 3:02:14 PM PAGE 1/001 Fax Server



April 30, 2020

FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC

,

SUBJECT: SAAB, INC. REF: W20000043042

We have received your document for SAAB, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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) 245-6051.

FAX Aud. #: E20000124556 Letter Number: 220A00008988

Sharon D Franklin Regulatory Specialist II