# -2000000222

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	

Office Use Only



000344022140



05/06/20--01004--005 \*\*73.75

MAY 1 4 2020 M. SOLOMON

## **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	· · CVCTEM OBTINITY CTIV	ON & SUPPORT, CO	ORP.	
SOBJECT.		ne of corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	f Existence." or "Certific	ate of Good Standi	ng" and check are subr	
Please return	all correspondence conc	erning this matter to	the following:	
Thomas P. Ma	atthews			
	Name of corporations  SYSTEM OPTIMIZATION & SUPPORT. CORP.  Name of corporation - must include suffix  adam:  "Application by Foreign Corporation for Authorization to Transact Business in Florida."  "Existence." or "Certificate of Good Standing" and check are submitted to register the red foreign corporation to transact business in Florida.  all correspondence concerning this matter to the following:  thews  Name of Person  Zation & Support  Firm/Company  reet, Suite 3002  Address  6813  City/State and Zip code  avail.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  288  299  200 Person  Area Code  Daytime Telephone Number  MAILING ADDRESS:  Registration Section  Division of Corporations entre of Tallahassee  P.O. Box 6327 Tallahassee, FL 32314			
System Optim	ization & Support			
		Firm/Comp	any	
1188 Bishop S	treet, Suite 3002			
		Address	5	
Honolulu, HI	96813			
•		City/State and	l Zip code	
thomas@sos-h				
	E-mail add	ress: (to be used for	future annual report n	otification)
For further in	formation concerning thi	is matter, please cal	I:	
Thomas Matth	ews	808 at (	382-9669 )	
Nam	e of Person			none Number
Regis Divis The ( 2415	stration Section ion of Corporations Centre of Tallahassee		Registration Se Division of Co P.O. Box 6327	ection orporations
	neck payable to: FLORIDA ing Fee  \$78.75 F	A DEPARTMENT ( iling Fee &	OF STATE \$78.75 Filing Fee & Certified 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.

System Optimization & Support, Corp.

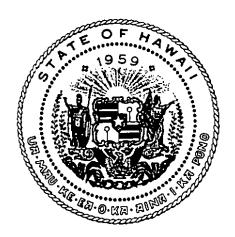
	·	adopted for the purpose of transacting business in F	lorida)	
Hawaii	3.	(FEI number, if applicable)		
	ry under the law of which it is incorporated)			
October 5, 2009  (Date of incorporation)  5.		N/A (Date of duration, if other than perpetual)		
(Date of incorporation)		(Date of duration, if other than perpetual)		
N/A				
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
200 16th Street ?	North, St. Petersburg, FL 33705			
	(Principal of	fice street address)		
<del></del>	(Current maili	ng address, if different)		
			<b>⇒</b> 40	
Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)	£	
Name:	Thomas Matthews			
	449 11th Ave N.	<del></del>	ν · · · · · · · · · · · · · · · · · · ·	
fice Address:			200 m	
	St. Petersburg	Florida 33701 (Zip code)	wA.	
	•	. i ionaa		

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.

#### A. DIRECTORS Curtis Oguma Name: Name: Chairman □Chairman 67-1185 Mamalahoa Hwy Address: \_\_\_\_\_ □Vice Chairman Address: □ Vice Chairman Suite D-104, PMB:138 □Director □ Director KAMUELA, HI 96743 ■ President □ President □Vice President \_ □ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other\_\_\_\_\_ □Other \_\_\_\_\_ □ Other Thomas Matthews Name: \_\_\_\_ □ Chairman □ Chairman 449 11th Ave. N ■ Vice Chairman Address: □ Vice Chairman Address: St. Petersburg, FL 33701 Director □ Director □President □President ■Vice President \_\_\_\_\_ □Vice President □ Secretary □Secretary ☐Treasurer 🛴 🗟 □Treasurer □Other \_\_\_\_ □Other | □Other \_\_\_\_\_ □Other Name: ☐ Chairman □Chairman Name: □Vice Chairman Address: \_\_\_\_\_\_ □ Vice Chairman Address: □ Director □ Director □President □ President □Vice President □Vice President \_ \_ \_ \_ \_ □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ Important Notice: Use an attachment to report move than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signatur of Director or Officer 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 or

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.

Thomas P. Matthews



### Department of Commerce and Consumer Affairs

#### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

SYSTEM OPTIMIZATION & SUPPORT, LTD.

was incorporated under the laws of Hawaii on 10/05/2009; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: April 27, 2020

Cathing. Owal. Color

Director of Commerce and Consumer Affairs