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DATE: 9/24/20

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NAME: SYSPRO USA INC

TYPE OF FILING: APPLICATION

COST: 70 + 300 = \$370

**RETURN: PLAIN COPY PLEASE** 

ACCOUNT: FCA00000015	2020 c · ·
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AUTHORIZATION: ABBIE/PAUL HODGE CHOCK	۲ <sup></sup> 12: ۱۰0

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: SYSPRO US INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip code

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Name of Perso	n Area	a Code	Daytime Telep	bhone Number	1
STREET/COU Registration Se	JRIER ADDRESS:		MAILING A Registration S		2 <u>-</u>
Division of Co The Centre of	porations		Division of C P.O. Box 632	orporations 7	:: :: ::
2415 N. Monro Tallahassee, FI	e Street, Suite 810 , 32303		Tallahassee, I	FL 32314	0
Enclosed is a check for Please make check payab	the following amount: le to: FLORIDA DEPARTM	MENT OF S	ГАТЕ		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	. 🛛 \$78.	75 Filing F <del>ee</del> & ified Copy	\$87.50 Fill Certificate Certified (	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. SYSPRO US INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(Date of incorporation)       (Date of duration, if other than perpetual)         6.       03/31/2018         (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502. F.S., to determine nenalty liability)         7.       959 SOUTH COAST DVE, SUITE 100, COSTA MESA, CA 92626         (Principal office street address)         (Current mailing address, if different)         8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:         Paracorp Incorporated         Office Address:       155 Office Plaza Drive, 1st Floor         Tallahassee       , Florida 32301         (City)       (Zip code)         9. Registered agent's acceptance:       14         Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this collarity agree to comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent.	(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida	a)
(State or country under the law of which it is incorporated)       (FEI number, if applicable)         4.       12.10.2018         (Date of incorporation)       (Date of duration, if other than perpetual)         6.       03/31/2018         (Date first transacted business in Florida, if prior to registration)         (SEE SECTIONS 607.1501 & 607.1502. F.S. to determine nenalty liability)         7	DELAWARE		4	
4		y under the law of which it is incorporated)	(FEI number, if applicable)	
(Date of incorporation) (Date of duration, if other than perpetual) 03/31/2018 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502. F.S., to determine nenalty liability) 7959 SOUTH COAST DVE, SUITE 100, COSTA MESA, CA 92626 (Principal office <u>street</u> address) (Current mailing address, if different) 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: <u>Paracorp Incorporated</u> Office Address: <u>155 Office Plaza Drive, 1st Floor</u> <u>Tallahassee</u> , Florida <u>32301</u> (City), Florida <u>32301</u> (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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this confurmed and familiar with and accept the obligations of my position as registered agent.	4		5	
6	(Date	of incorporation)	(Date of duration, if other than perpetual)	
(SEE SECTIONS 607.1501 & 607.1502. F.S. to determine nenalty liability) 959 SOUTH COAST DVE, SUITE 100, COSTA MESA, CA 92626 (Principal office <u>street</u> address) (Current mailing address, if different) 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: <u>Paracorp Incorporated</u> Office Address: <u>155 Office Plaza Drive, 1st Floor</u> <u>Tallahassee</u> , Florida <u>32301</u> (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 t designated in this application, I hereby accept the appointment as registered agent and agree to act in this co further agree to comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent.	6			
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<ul> <li>8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)</li> <li>Name: <u>Paracorp Incorporated</u></li> <li>Office Address: <u>155 Office Plaza Drive, 1st Floor</u></li> <li><u>Tallahassee</u>, Florida <u>32301</u></li> <li>(City), Florida <u>32301</u></li> <li>(Zip code)</li> <li>9. Registered agent's acceptance:</li> <li>Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this confurther agree to comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent.</li> </ul>		(Current ma	iling address, if different)	_
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See attached	Having been nam designated in this further agree to c	ed as registered agent and to accept se application, I hereby accept the appoi omply with the provisions of all statute	ntment as registered agent and agree to act in this cap is relative to the proper and complete performance of	vacity. I
See attached				5
	_	See attached	······································	

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### A. DIRECTORS

Chairman	PHILLIP DUFF Name:	Chairman	Name:
🗆 Vice Chairman	959 SOUTH COAST DRIVE	□Vice Chairman	Address:
Director	SUITE 100	Director	<u></u>
President	COSTA MESA, CA 92926	DPresident	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	Other	□Other	Other
Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President		President	
□Vice President		□ Vice President	
Secretary	Treasurer	Sccretary	Treasurer
□Other	Other	[] Other	[] Other
Chairman	Name:	Chairman	Name:
🛛 Vice Chairman	Address:	🗇 Vice Chairman	Address:
Director		Director	
President		President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	
□Other	Other	□Other	Other

Important Notice: Use an attachment to report more 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.

Signature of Director of 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 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.

13. PHILLIP DUFF, DIRECTOR

12. \_\_\_\_\_

(Typed or printed name and capacity of person signing application)



## **REGISTERED AGENT CONSENT FORM**

DATE:9/18/2020

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ENTITY NAME: SYSPRO US INC.

### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

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Leticia Herrera, Assistant Secretary Paracorp Incorporated

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYSPRO US 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 THIRTY-FIRST DAY OF AUGUST, 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 "SYSPRO US INC." WAS INCORPORATED ON THE TENTH DAY OF DECEMBER, A.D. 2018.

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

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Authentication: 203565300 Date: 08-31-20

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SR# 20207020822 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1



September 22, 2020

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FLORIDA FILING & SEARCH SERVICES INC

SUBJECT: SYSPRO US INC. Ref. Number: W20000109006

We have received your document for SYSPRO US INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$300.00.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 820A00018165

please reup original file date Thank you!

#### www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314