## F20000004697

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

	-	ration Section on of Corporations					
SUBJE	CT:	Nou Systems, Inc.					
001	~	Name of corporation - must include suffix					
Dear Sir	or M	adam:					
"Certific	ate of	"Application by Foreign Cor "Existence," or "Certificate or eed foreign corporation to tra	of Good Stai	nding" an	d check are submitte	siness in Flori d to register th	da." ie
Please ru	eturn a	ıll correspondence concernin	g this matte	er to the fo	ollowing:		
Denise F	owler						
		<u>,                                      </u>	Name of	f Person			
Registere	ed Age	nts Legal Services, LLC					
			Firm/Cor	mpany			
1013 Cer	ntre Ro	oad, Suite 403S					
		_	Addı	ress		<u></u>	
Wilming	ton, D	E 19805					
	•	···	City/State	and Zip c	ode	<del>_</del>	~:
denise@i	inclega						7.5.
		E-mail address:	(to be used	for future	e annual report notifi-	cation)	74/40: 21
For furth	ner inf	ormation concerning this ma	itter, please	call:			21 F
Denise Fowler			800 nt (	00 400-6650		7	
•	Name	e of Person	Area Coo	de	Daytime Telephone	Number	EZ 44 29
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	ake che	check for the following amount to: FLORIDA DE ing Fee S78.75 Filing Certificate of	PARTMEN  Fee &	□ \$78.75		\$87.50 Filing Certificate of Certified Co	f 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.

"Inc.," "Co.," "C	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	COMPANT, CONTOINTION,	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in F	lorida)
Delaware	3 4	5-2815517	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
7-14-2011	5.	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	)
			<del></del>
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	Florida, if prior to registration)  2. F.S., to determine penalty liability)	
047 Old Madisc	n Pike, Suite 305, Huntsville, AL 35806		
<u> </u>	(Principal office	street address)	
<u></u>	(Current mailing	address, if different)	
Name and stree	et address of Florida registered agent: (P.O.		
Name and stree			
Name:	et address of Florida registered agent: (P.O.		713 C . 21
Name:	Registered Agents Legal Services, LLC  155 Office Plaza Drive, Suite A	Box <u>NOT</u> acceptable)	112 C . 21 E.
Name:	Registered Agents Legal Services, LLC  155 Office Plaza Drive, Suite A	Box <u>NOT</u> acceptable)	112. c. 21. f., fr
Name:	Registered Agents Legal Services, LLC  155 Office Plaza Drive, Suite A		16. C. 21. E. H. 2.
Name: ice Address:	Registered Agents Legal Services, LLC  155 Office Plaza Drive, Suite A  Tallahassee  (City)	Box NOT acceptable) , Florida 32301 (Zip code)	ړ
Name: fice Address:  Registered agiving been namignated in this ther agree to c	Registered Agents Legal Services, LLC  155 Office Plaza Drive, Suite A  Tallahassee  (City)  ent's acceptance: ed as registered agent and to accept service application. I hereby accept the appointme	Box NOT acceptable)  Florida 32301 (Zip code)  of process for the above stated corporation at registered agent and agree to act in thative to the proper and complete performance.	at the plac is capacity.

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]:

Chairman   Name:   Chairman   C	A. DIRECTORS	Rebecca Romine			nt Romine	
Director   Huntsville, AL 35824   Director   Huntsville, AL 35824     Director   Director   Director   Director     President   Director   Director   Director     Director   Director   Dother   Dother     Dother   Dother   Dother   Dother     Director   Director   Director     Director   Rixeyville, VA 22737   Director     Director   Director   Director   Director     Director   Director   Director   Dother     Director   Dother   Dother   Dother     Director   Director   Director     Director   Director   Director     Director   Dother   Dother   Dother     Director   Director   Director     Director   Director   Director     Director   Director   Director     Director   Director   Director     Director   Director   Director   Director     Director   Director   Director   Director     Director   Director   Director   Director     Director   Director   Director   Director     Director   Director   Director   Director     Director   Director   Director   Director   Director     Director   Director   Director   Director   Director     Director   Director   Director   Director   Director     Director   Director   Director   Director   Director   Director     Director   Director   Director   Director   Director   Director     Director   Director   Director   Director   Director   Director     Director   Director   Director   Director   Director   Director     Director   Director   Director   Director   Director   Director   Director     Director   Dire	Chairman	Name:	Chairman	·	<del>_</del>	
Director   President   President   President	□Vice Chairman	Address:	□Vice Chairman			
Chairman	Director	Huntsville, AL 35824	□Director	Huntsvirte, 7	AL 33024	
Chairman   Name:   Frank Mello   Chairman   Madison, AL 35757	□President		President			
Chairman	□Vice President		□Vice President			
Chairman	Secretary	□Treasurer	☐ Secretary		□Treasurer	
Chairman Name:   14477 Waterford Run Lane   Chairman Name:   1112 Wesley Clark Blvd	Other	Other	Other		□ Other	
Okade   Okad	_	. Frank Mello	Chairman	Willia Name:	am Brower	
Director   Rixeyville, VA 22737   Director   Madison, AL 35757     President   President     Secretary   Treasurer   Secretary   Treasurer     Other   Other   Other   Other     Chairman   Name:   763 Monroe St   Vice Chairman   Address:     Director   Herndon, VA 20170   Director     President   President     Vice President   President     Secretary   Treasurer   Secretary   Treasurer     Other   Other   Other   Other     Other   Other   Other     Director   Director   Director     President   President   Treasurer   Secretary   Treasurer     Secretary   Treasurer   Secretary   Treasurer     Other   Other   Other   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 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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$12,155   Secretary   Signature of Director or Officer	□Chairman	14477 Waterford Run Lane		113	2 Wesley Clark Blvd	
President   Pres	□Vice Chairman					-
■Vice President  Secretary  Other Other Other Other Other Other  Chairman Name:  763 Monroe St Vice Chairman Address:  Herndon, VA 20170  Other Other Other Other Other  President  Vice President  Treasurer  Other Other Other Other Other  Secretary  Treasurer  Other Other Other Other  President  Secretary  Treasurer  Other Other Other  Secretary  Treasurer  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.  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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in stated in submitted in a document to the Department of State constitutes a third degree felony as provided for in state of the constitutes a third degree felony as provided for in state of the constitutes a third degree felony as provided for in state of the constitutes a third degree felony as provided for in state of the constitutes a third degree felony as provided for in state of the constitutes a third degree felony as provided for in state of the constitutes as third degree felony as provided for in state of the constitutes as third degree felony as provided for in state of the constitutes as third degree felony as provided for in state of the constitutes as the constitutes as third degree felony as provided for in state of the constitutes as the c	☐Dir <del>e</del> ctor	Alabyrine, VA 22101	□Director			
□Secretary □Treasurer □Secretary □Treasurer □Other	□President		□President			
Chairman   Name:   Chairman   Chairman   Name:   Chairman   Chairman   Name:   Chairman   Chair	■Vice President		■Vice President			
Chairman   Name:	Secretary	Treasurer	Secretary		☐Treasurer	
Chairman   Name:     Chairman   Name:	Other	Other	Other	<del></del>	Other	<u> </u>
Vice Chairman   Address:   T63 Monroe St		Lee Phillips	Chairman	Name:		
Herndon, VA 20170	□Chairman	763 Monroe St				
□ President □ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ Other □	□Vice Chairman			Address	2	
President  Vice President  Secretary  Treasurer  Other  Other  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 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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$17,155, F.S.	Director	· · · · · · · · · · · · · · · · · · ·	□Director			
Secretary Secretary Secretary Treasurer  Other Other Other 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 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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155. F.S.	□President		☐ President		,t.	
Dother	■ Vice President		□Vice President	· <del></del>		<del></del>
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.  12. Signature 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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$17.155. F.S.	☐ Secretary	□Treasurer	Secretary		☐Treasurer	
12. Signature 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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$17.155. F.S.	□Other	Other	Other		Other	
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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$17.155 F.S.	individuals may be	e added to the index when filing your Florida Departme	ent of State Annual Ro	ероп топп.		d 
she is aware that false information submitted in a document to the Department of State constitutes a time degree tolony as pro-		-				
	she is aware that fa s.817.155, F.S.	alse information submitted in a document to the Depart	unent of State consist	hat the facts stal utes a third degi	ted herein are true and that l ree felony as provided for ir	1 <b>e</b> or

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



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

DELAWARE, DO HEREBY CERTIFY "NOU SYSTEMS, 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 FIRST DAY OF SEPTEMBER, 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 "NOU SYSTEMS, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JULY, A.D. 2011.

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

7750 21 Fa 4: ^



Authentication: 203571564

Date: 09-01-20

5010500 8300 SR# 20207040593



September 22, 2020

DENISE FOWLER 1013 CENTRE ROAD STE 403S WILMINGTON, DE 19805 US

SUBJECT: NOU SYSTEMS, INC. Ref. Number: W20000109227

We have received your document for NOU SYSTEMS, 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):

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

The digital signature for Rebecca A. Romine isn't acceptable.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 320A00018200

RECENTED MICT 21 MICE.

RECEIVED