

F 20000005696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

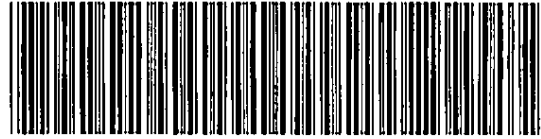
WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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12/15/20--01021--006 **78.75

Special Instructions to Filing Officer:

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emailed proof 12/21/20
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Office Use Only

REC'D 21 11:47

COVER LETTER

TO: Registration Section
Division of Corporations
ALEXANDRIA SYSTEMS INC

SUBJECT: _____
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:
ALEXANDRA HENRI

Name of Person
ALEXANDRIA SYSTEMS INC

Firm/Company
1031 IVES DAIRY ROAD, Suite 228

Address
MIAMI, FL 33179

City/State and Zip code
SUPPORT@ALEXANDRIASYSTEMSINC.COM

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

For further information concerning this matter, please call:

Amber Singleton at (951) 322-6630
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

MAIL 21 PM 1:47

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.

ALEXANDRIA SYSTEMS, INC.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

MONTANA

2. _____ 3. 85-4142370
(State or country under the law of which it is incorporated) (FEI number, if applicable)

DECEMBER 24, 2007

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1031 IVES DAIRY ROAD, MIAMI, FL 33179, Suite 228

7. _____
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Gold Better Inc
1031 IVES DAIRY ROAD, Suite 228

Office Address: _____
MIAMI, Florida 33179
(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 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.

Rachel
(Registered agent's signature)

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 Name: ALEXANDRA HENRI
1031 IVES DAIRY ROAD
 Vice Chairman Address: MIAMI, FL 33179
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: ALEXANDRA HENRI
1031 IVES DAIRY ROAD
 Vice Chairman Address: MIAMI, FL 33179
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: ALEXANDRA HENRI
1031 IVES DAIRY ROAD
 Vice Chairman Address: MIAMI, FL 33179
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: ALEXANDRA HENRI
1031 IVES DAIRY ROAD
 Vice Chairman Address: MIAMI, FL 33179
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: ALEXANDRA HENRI
1031 IVES DAIRY ROAD
 Vice Chairman Address: MIAMI, FL 33179
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: _____

 Vice Chairman Address: _____

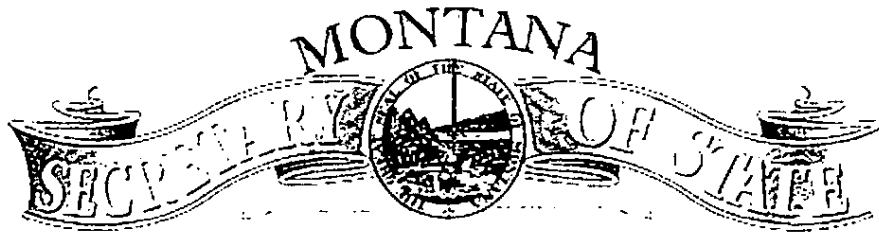
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

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.

x 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 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. ALEXANDRA HENRI
 (Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that:

ALEXANDRIA SYSTEMS, INC.

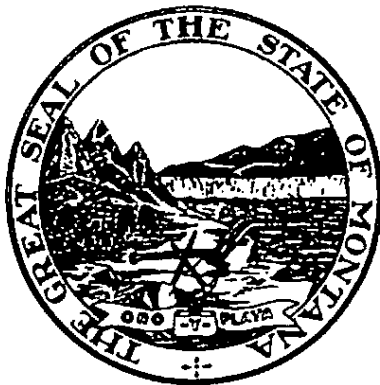
duly filed its Articles Of Incorporation for the domestic entity in this office on **December 24, 2007**, and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 18th day of November, 2020.

COREY STAPLETON

Montana Secretary of State

Certificate Number: 111820200008

Franklin, Sharon D.

From: Alexandra Henri <a Henri2488@gmail.com>
Sent: Monday, December 21, 2020 11:44 AM
To: Franklin, Sharon D.
Subject: ALEXANDRIA SYSTEMS INC

EMAIL RECEIVED FROM EXTERNAL SOURCE

Happy Monday Sharon,

My name Alexandra Henri, my company is Alexandria Systems Inc. I accidentally filed the corp in Florida instead of filing the foreign corp. I will not be filing Alexandria Systems Inc in Florida just the foreign corp.

I was advised to send you an email to process this under my consent.
Please let me know if there is anything else that you need from me.

This is in regard to Document number W20000144420

Thank you and happy holidays.
Alexandra Henri