## F21000002512

(Requestor's Name)
(Address)
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P'Crt. JP WAIT MAIL
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/05/2021	
Name:	Chris Vick	_
Reference	ce #:1368503	_
Entity Na	ame: ASCEND INTEGRATED T	ECHNOLOGY SOLUTIONS INC.
<b>∠</b> Ar	ticles of Incorporation/Authorization	to Transact Business
☐ Ar	mendment	
☐ CI	hange of Agent	
□ Re	einstatement	
☐ Cc	onversion	
	erger	
☐ Di	ssolution/Withdrawal	
☐ Fid	ctitious Name	
☐ Ot	her	
Authorize Signature	ed Amount: / \$70.00	

## 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.

ASCEND INTE	GRATED TECHNOLOGY SOLUTIONS, INC	2.				
(Enter name of c	corporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp,")	' "COMPANY," "CORPORATIO	N."			
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacti	ng business in Florida)			
Delaware	3					
(State or countr	y under the law of which it is incorporated) 3.	(FEI number, if a	oplicable)			
06/16/2017	5					
(Date	(Date of incorporation)  5. (Date of duration, if other than perpetual)					
January 1, 2021						
-	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02. F.S., to determine penalty liabil	ity)			
1111 Lincoln Roa	id. Suite 500, Miami Beach, FL 33139					
	<del></del>	ce <u>street</u> address)	· · · · · · · · · · · · · · · · · · ·			
	(Current mailing	g address, if different)	No.			
			021			
Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	2021 HAY -6			
Name:	Michael Brown					
	1111 Lincoln Road, Suite 500		<u>ئىن</u> ئىرا			
ffice Address:		<del></del>				
	Miami Beach	, Florida	7: 53			
	(City)	(Zip code)	ω			
aving been nam esignated in this orther agree to c	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and agr lative to the proper and comple	ee to act in this capacity.			
_	1. W 7 V, Li	7				
	(Registered agent's sig	gnature)				

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							
□Chairman	Michael Brown Name:	□Chairman	Name:				
□Vice Chairman	Address: 1111 Lincoln Road, Suite 500	□Vice Chairman	Address:				
■ Director	Miami Beach, FL 33139	□Director					
■ President		□President					
□Vice President		□ Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	□Other	□Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chaiπnan					
□Director		Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other		□Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	<del></del>	□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	☐ Treasurer	☐ Secretary		□Treasurer			
□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.  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. Michael Brown, President							

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

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ASCEND INTEGRATED TECHNOLOGY SOLUTIONS

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 FIFTH DAY OF MAY,

A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASCEND INTEGRATED TECHNOLOGY SOLUTIONS INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF JUNE, A.D. 2017.

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

Authentication: 203132637

Date: 05-05-21

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