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COVER LETTER

	tration Section					
Divis	ion of Corpora					
SUBJECT:	Battlespace Sir	nulations, Inc.	_			
		Name of corporat	ion - mu	ıst include suffix		
Dear Sir or M	adam:					
"Certificate o	f Existence," o	y Foreign Corporation f r "Certificate of Good S poration to transact bus	tanding	" and check are subm		
Please return	all corresponde	ence concerning this ma	ter to th	ne following:		
Gary DeYoung	g					
		Name	of Perso	on		
Battlespace Si	mulations, Inc.					
		Firm/C	ompany	,		
8305 Catamara	an Circle					- `
		Ad	ldress			
Lakewood Rar	nch / Florida 342	202				
		City/Stat	e and Z	ip code	·	
gary.deyoung@	@bssim.com	·		•		•
	E	-mail address: (to be use	d for fu	ture annual report no	otification)	
For further in	formation cond	erning this matter, pleas	e call:			, T
Gary DeYoung	g 	at (857-9672			
Nam	e of Person	Area C	ode	Daytime Teleph	one 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				
	eck payable to:	Collowing amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified Copy	\$87.50 Fili Certificate Certified C	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.

Battlespace Sim	ulations, Inc.			
(Enter name of c	orporation: must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flo	rida)	
Texas	3	56-2599087		
	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. July 5, 2006	5.			
	of incorporation)	(Date of duration, if other than perpetual)		
6. January 1, 2018				
7	(SEE SECTIONS 607.1501 & 607.1501 Circle, Lakewood Ranch, FL 34202	n Florida, if prior to registration) 602, F.S., to determine penalty liability) ce street address)	···	
	(Current mailir	g address, if different)		
8. Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)		
Name:	Gary De Young		١.	
Office Address:	8305 Catamaran Circle		•	
	Lakewood Ranch	, Florida ³⁴²⁰²		
	(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.

Gaistie Journe James My Moure (Rogistered 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.

A. DIRECTORS							
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address: 8305 Catamaran Circle	□Vice Chairman	Address:				
□Director	Lakewood Ranch, FL 34202	□Director					
■President		□President					
□ 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	Secretary		☐ Treasurer			
Other	Other	Other		Other			
□Chairman	Name:	☐ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman		· · · · · · · · · · · · · · · · · · ·			
Director		□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. Gary DeYou	ung						

Austin, Texas 78711-3697

Ruth R. Hughs Secretary of State



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for BATTLESPACE SIMULATIONS INC. (file number 800677013), a Domestic For-Profit Corporation, was filed in this office on July 05, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 04, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

(512) 463-5709 Diaf: 7-1-1 for Relay Services TID: 10264 Document: 1017362660003