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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	KMR SYSTEMS CORP.				
5010	2011	Name of corporation - must include suffix				
Dear S	ir or M	adam:				
"Certif	icate of		ate of Good Star	Authorization to Transac ading" and check are sub- ess in Florida.		
Please	return a	all correspondence conce	rning this matte	r to the following:		
LOVE	TE DO	BSON				
			Name of	Person		
			Firm/Con	npany		
17350 5	STATE	HWY 249 #220				
			Addr	ess		
HOUS	ION, T	X 77064				
			City/State a	and Zip code		
EFILE:	1234@[NCFILE.COM				
•		E-mail addr	ess: (to be used	for future annual report n	otification)	
For fur	ther inf	formation concerning this	s matter, please	call:		
LOVETTE DOBSON		at (Code Daytime Telephone Number			
	Name	e of Person	Area Cod	le Daytime Teleph	none 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		
Please r	nake ch	check for the following a eck payable to: FLORIDA ing Fee \$78.75 Fi Certifica	DEPARTMENT	T OF STATE \$78.75 Filing Fee & Certified Copy	 \$87.50 Filing Fee, Certificate of Status & Certified Copy 	

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.

L KMR SYSTEM	KMR SYSTEMS CORP.						
(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 Florida)					
2. NEW YORK	3.	13-3192128					
	y under the law of which it is incorporated)						
1. NOVEMBER I	7, 1983 5. e of incorporation)	PERPETUAL					
(Date	of incorporation)	(Date of duration, if other than perpetual)					
5	(Date first transacted business in	n Florida, if prior to registration)					
6800 IEDICHO T		502, F.S., to determine penalty liability)					
·	TURNPIKE SUITE 120W , SYOSSET , NEW						
	(Frincipal Offi	ce street address)					
	(C)	11 (6.100)					
	(Current mailin	g address, if different)					
Name and stree	et address of Florida registered agent: (P.C) Day MOT cocomtable)					
	KEVIN PHILLIPS	n. Box (NOT acceptable)					
Name:	4628 CR 475 #38						
Office Address:	4026 CK 475 #36	<u> </u>					
	Bushnell	, Florida ³³⁵¹³					
	(City)	(Zip code)					
t Degistered age	ent's acceptance:						
		ce of process for the above stated corporation at the place					
lesignated in this urther agree to co	application, I hereby accept the appointn	nent as registered agent and agree to act in this capacity. elative to the proper and complete performance of my dut					
_	Kegin Phil	il.					
	(Registered agent's si	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.

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: MICHAEL G. GALLIGAN	□ Chairman	Name:	
□Vice Chairman	819 Silverton Court Address:	□Vice Chairman	Address:	· · · · · · · · · · · · · · · · · · ·
■ Director	Cary, NC 27519	Director		
∑ President		□President		
□Vice President		□ Vice President		
☐ Secretary	X :Treasurer	□Secretary		□Treasurer
Other		Other		Other
■ Director□ President	Name:	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary	Address:	□Treasurer
□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
12The officer or dire	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director Signature of Director signing this document (and who is listed in numberalse information submitted in a document to the Department.	nent of State Annual R all all annual R or Officer per 11 above) affirms the	hat the facts state	d herein are true and that he o
13	Michael G. Galligan PRESIDE	NT		

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of KMR SYSTEMS CORP. was filed on 11/17/1983, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 25th day of January two thousand and twenty-one.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State