Fa10000377

(Requestor's Name)		
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(City/State/Zip/Phone #)		
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230. Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 891420 4327236

AUTHORIZATION: Symbolic in

COST LIMIT : \$ 70.00

ORDER DATE : July 2, 2021

ORDER TIME : 2:33 PM

ORDER NO. : 891420-005

CUSTOMER NO: 4327236

FOREIGN FILINGS

NAME: ENENSYS TEAMCAST INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

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. ENENSYS TEAMCAST INC. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 20-5649254 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4061 Powder Mill Road, Suite 590, Calverton, MD 20705 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (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. Clexus Weiford, assistent va present
(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.

. Names and business ad esses of officers an /or directors:

Director	Régis Le Roux		
Chairman	#:		
Address:			
Director Vice Gha			
Address:	4A rue des Buttes, 35577 Cesson-Sevigne cedex, CS 37734, France		
Audi Oss.	,	• •	
	Richard Lhermitte		
Director:		· 	
Address:	4A rue des Buttes, 35577 Cesson-Sevigne cedex, CS 37734, France		
Director:		;	
Director.			
Address:			
		•	
B. OFF	FICERS .	٠.	
n	Régis Le Roux	. • •	
President	t: 4A rue des Buttes, 35577 Cesson-Sevigne cedex, CS 37734, France	• }	
Address:		·	
	Guénhaēl Le Roch		
Vice Pres			
	4A rue des Buttes, 35577 Cesson-Sevigne cedex, CS 37734, France		
Address:			
Secretary	Richard Lhermitte 🗸		
	4A rue des Buttes, 35577 Cesson-Sevigne cedex, CS 37734, France		
Address:	Guénhaēl Le Roch V		
Treasurer	4A rue des Buttes, 35577 Cesson-Sevigne cedex, CS 37734, France		
Address:	- · · · · · · · · · · · · · · · · · · ·		
NOTE:	If necessary, you may attach an addendum to the applicatio listing additional officers and	or directors	
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 a	and that he or she is aware that false information submitted in a document to the Departmen legree felony as provided for in s.817.155, F.S.	t of State constitutes	
Gu é :	enhaël Le Roch, Vice President		
13			
	(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 "ENENSYS TEAMCAST 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 SECOND DAY OF JULY, 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 "ENENSYS TEAMCAST INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2006.

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



Authentication: 203593936

Date: 07-02-21