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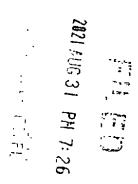
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
enai/led cert 8/31/21
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COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT: MARITIME	TACTICAL SYSTEMS, INC.			
Johnson.	Name of corporation - mo	ust include suffix		
Dear Sir or Madam:				
"Certificate of Existence," of	by Foreign Corporation for Author "Certificate of Good Standing rporation to transact business in	" and check are submitted to		
Please return all correspond	ence concerning this matter to th	ne following:		
Bruce B. Hanson				
	Name of Person	on		
Maritime Tactical Systems, I	nc.			
	Firm/Company	· · · · · · · · · · · · · · · · · · ·		
511 John Rodes Blvd., Suite	103			
	Address	<u> </u>	22	
Melbourne, FL 32934			2821 AII'S	
	City/State and Z	ip code	1 5	
hansonb@martacsystems.cor	n			
E	-mail address: (to be used for fu	iture annual report notification	سنرو معمله د الدر	
For further information cond	cerning this matter, please call:		7: 26	
Ralph Dyer	at (407	566-0001		
Name of Person	Area Code	Daytime Telephone Nur	nber	
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		
	FLORIDA DEPARTMENT OF \$78.75 Filing Fee & □ \$78	8.75 Filing Fee & \$8' rtified Copy Ce	7.50 Filing Fee, rtificate of Status & rtified 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.

(Enter name of co	orporation; must include "INCORPORAT orp." "Inc," "Co," or "Corp.")	ED,"	"COMPANY." "CORPORATION,			
	.p					
(If name unavaila	ble in Florida, enter alternate corporate na	me a	dopted for the purpose of transacting	business in Florid	da)	
Delaware	Delaware		46-1281669			
(State or country under the law of which it is incorporated))	(FEI number, if applicable)			
July 27, 2021		5				
(Date of incorporation)		J	(Date of duration, if other than perpetual)			
) .						
	(SEE SECTIONS 607.1501 & 60		Florida, if prior to registration) 2, F.S., to determine penalty liability	·)		
7511 John Rodes	Blvd., Suite 103, Melbourne, FL 32934					
	(Principal	offic	e <u>street</u> address)			
				282		
	(Current m	ailing	address, if different)	2	-	
3. Name and <u>stree</u>	t address of Florida registered agent: (P.O.	Box NOT acceptable)	AUG 31 P	्र र ण्डा - ण्य	
Name:	Bruce B. Hanson			PH		
Office Address:	1837 Woodberry Cir.			92:)	
	Melbourne, FL		, Florida 32935			
	(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.

(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	7 *					
□Chairman	Name:	□Chairman	Name:	nomas E. Hanson		
□Vice Chairman	Address:	□Vice Chairman	Address: _	1594 Anglers Dr. NE		
Director	Melbourne, FL 32935	Director		Palm Bay, FL 32905		
President		□President				
□Vice President		■Vice President				
☐ Secretary	□Treasurer	□Secretary		□Treasurer		
Other CEO	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		
□ Chairman	Name:	□Chairman	Name:	2 - P		
□ Vice Chairman	Address:	□Vice Chairman	Address: _	***		
□Director		□Director		- 26		
□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.





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

DELAWARE, DO HEREBY CERTIFY "MARITIME TACTICAL SYSTEMS, 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 THIRTIETH DAY OF AUGUST,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARITIME

TACTICAL SYSTEMS, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY

OF JULY, A.D. 2021.

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

2821 AUG 31 PH 7: 26



Authentication: 204041865

Date: 08-30-21

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