£2100000000834

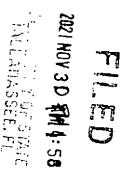
(Re	questor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	_
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(0)	isiness Entity Nam	<u> </u>
(80	isiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		Λ
		$\langle \cdot \rangle$
MZLOO	3110442	20
	ひしみょし	\sim

Office Use Only



500375906975

11/01/21--01034--003 **78.75



S. FRANKLIN DEC - 2 2021

COVER LETTER

TO: Registration Division of O					
	Con Systems, Inc.				
3003LCT	Name of corpor	ration - mus	t include suffix	· · · ·	
Dear Sir or Madam:					
"Certificate of Exist	cation by Foreign Corporation ence," or "Certificate of Good eign corporation to transact b	l Standing"	and check are subr		
Please return all corr	espondence concerning this n	natter to the	following:		
Shari Parker					
	Nan	ne of Persor)		
Tech Con Systems, Inc	<i>.</i>				7 89
M=-,-,	Firm	/Company			NO VOIL TO
57362 Allen Road				<u>*</u> :	بر مور د
		Address		<u>ω</u> .	5) [7]
Slidell, LA 70461				Mary =	
	City/S	tate and Zip	code		ω Σ
staff@tech-con.net				•	
	E-mail address: (to be t	ised for futi	are annual report n	otification)	
For further informati	on concerning this matter, plo	case call:			
Shari Parker	98: at (5 6.	641-1212		
Name of Pe	rson Area	Code	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		
	for the following amount: rable to: FLORIDA DEPARTN \$78.75 Filing Fee & Certificate of Status	□ \$78.	TATE 75 Filing Fee & ified Copy	S87.50 Filing Certificate of Certified Co	f Status &

APILICATION 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.

Tech-Con Syste	ms, Inc.		
	orporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	usiness in Florida)
Louisiana 2.	3	72-1034793	
	ite or country under the law of which it is incorporated) (FEI number, if applicable)		rable)
4. April 24, 1985	5.		
(Date	Date of incorporation) (Date of duration, if other than perp		n perpetual)
6			
757362 Allen R	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.156) oad, Slidell, LA 7046 (Principal offic		2021 NOV 30 4
8. Name and stree	(Current mailing et address of Florida registered agent: (P.O.	address, if different) Box NOT acceptable)	E. 59
Name:	Harley Nethken		
Office Address:	1150 Fort Pickens Rd.		
	Pensacola	, Florida <u>32561</u>	
	(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.

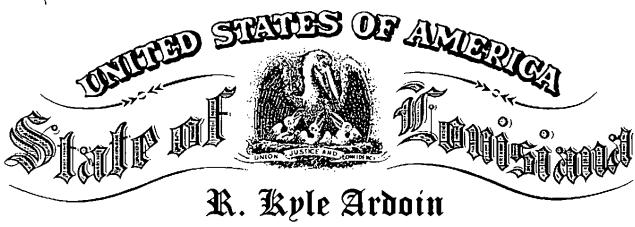
(Registered agent's signature)

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.

A. DIREGT⊕BS						
□Chairman	Name: Don Wolsefer	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Slidell, LA 70461	□Director				
■ President		□President				
□Vice President		□Vice President				
□Secretary	Treasurer	□Secretary	□Treasurer			
Other	Other	□Other	□Other			
□Chairman	Harley Nethken	□Chairman	Name:			
□Vice Chairman	1150 Fort Pickens Road	□Vice Chairman	Address:			
□Director	Unit B11	□Director				
□President	Pensacola, FL 32561	□President				
□Vice President		□Vice President	782 1			
□Secretary	□Treasurer	□Secretary	OTreasure OV			
■Other	Other	Other				
			Urr and proper			
□Chairman	Name:	□Chairman	Name: 75			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director	-			
□President		□President	,			
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	Other	Other			
Important Notice: individuals may be	Use an attrichment to report more than six (6). The attraction and the index when filing your Florida Department	achment will be image nent of State Annual Ro	d for reporting purposes only. Non-indexed eport 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						

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 of 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. Harley Nethken, C.O.O.



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

TECH-CON SYSTEMS, INC.

A corporation domiciled in SLIDELL, LOUISIANA,

Filed charter and qualified to do business in this State on April 24, 1985,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

MH 4:59

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 15, 2021

Secretary of State

Web 34173930D



Certificate ID: 11484931#PKH62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed. www.sos.la.gov

Page 1 of 1 on 11/15/2021 3:33:14 PM



November 4, 2021

SHARI PARKER 57362 ALLEN ROAD SLIDELL, LA 70461 US

SUBJECT: TECH CON SYSTEMS, INC.

Ref. Number: W21000144422

We have received your document for TECH CON SYSTEMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 321A00026980

REV 3 - REL



www.sunbiz.org

Division of Comparations DO DOV 6297 Tallahagas Florida 29214