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From:	Account Name : C T CORPORATI	TON SYSTEM		ירר סבר	1022
	Account Number : FCA000000023			A XX	<u></u>
	Phone : (614)280-3338 Fax Number : (954)208-0845	5 5		AS	Œ
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

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

"Inc.," "Co	R LEADER DEVELOPMENT ne of corporation; must include o.," "Corp." "Inc." "Co," or "Co.	"INCORPORATED." "C	INESS IN THE STATE O	_
		ip "i	ORITANY," "CORPORAT	TON,"
(If name un	to mileta i m			
- TX	available in Florida, enter alten	nate corporate name adout	1.0	
2. 13	untry under the law of which it	a amine adopte	of for the purpose of transac	ting business in Florida
(State or co	untry under the law of which it	3		as an elongal
4. 4.12/10	•	(is mediporated)	(FEI number, if a	Notice (4-)
(1)	Date of incorporation)	5	,	-Princatore)
6.	7 * * *********************************		(Date of duration, if other	.1
				than perpetual)
	(SEE SECTION OF	msacted business in Florida 607,1501 & 607,1502, F.S.	il prince	
7 674 THAYER	ROAD WEST POINT NY 10	507.1501 & 607 1502, F.S.	, if prior to registration) to determine penalty fiabili	
/	WASH MIST BOINT WATO	1996	recomme penalty habili	ty)
		(Principal office street		
		Pin office street	address)	
		(Curron 't'	- -	ZDZZ JAN SECRETALLI AHA
		(Current mailing address,	if different)	TER ST
. Name and stre	et address of Florida			五二
	et address of Florida register CT Corporation System	red agent: (P.O. Box No	OT acceptable)	S 7 5
Name:	CT Corporation System		,,	D
ffice Address:	1200 South Pine Island Road	d		PH 3: 09 OF STATE E. FLORIDA
	Plantation			PAT O
	ICir.	FI,	33324	0 9
ъ .	(City)		(Zip code)	
Registered ager	it's acceptance:			
		accent seminac.		
	pplication, I hereby accept	the appointment as seen	ss for the above stated co	rporation at the place
iung veen name. iunated in die v	DDIV with the	all statutes relative to the	stered agent and agree to	act in this capacity. 1
ignated in this a ther agree to con	int i	C - Miller TO IN	e proper and complete po istered arous	erformance of my duties,
ignated in this a ther agree to co-	ith and accept the obligation	ons of my position as rec		
Signated in this a ther agree to co-	ith and accept the obligation	ns of my position as reg	merea agem.	
ignated in this a ther agree to co-	CT Corporation System	ns of my position as reg	mercu ugem.	
ignated in this a ther agree to cor I I am familiar w	CT Corporation System	Children (Chiler and agent's signature)	mercu ugem.	

^{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

Page:	4	of	5
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A. DIRECTORS			
□Chairman	Name Richard M Minicozzi	□ Chairman	Name
□Vice Chairman	Address	□Vice Chairman	Address
Director	WEST POINT, NY 10996	∃Director =	WEST POINT, NY 10996
ElPresident		☑President	
□Vice President		TVice President	
ElSecretary	☐Treasurer	TSecretary	Treasurer
©Other CEO		□Other	Other
	William Murdy		Tim Tyson
UChairman	Name.	≟Chairman	Name. Tim Tyson 674 THAYER ROAD
□Vice Chairman	Address:	Nvice Chairman	Address:
□Director	WEST POINT, NY 10996	Director	WEST POINT, NY 10996
□President		□President	
□Vice President		TiVice President	
□Secretary	Treasurer	□ Secretary	□Treasurer
□Other		□Other	
		••••	
⊒Chairman	Name	∐Chairm a n	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President] President	
LiVice President		Tivice President	
☐Secretary	Treasurer	TiSecretary	□Treasurer
□Other]Óther	□Other	
andividuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department and A	nt of State Annual R	eport form.
12	Signature of Director of	r Officer	
slie is aware that to 5 817,155, F.S.	ector signing this document (and who is listed in number alse information submitted in a document to the Depart	II above) affirms th	nat the facts stated herein are true and that he or
13Daniel F	Rice, President (Typed or printed name and capacity of perso	a cianjeu sertionius	1)
	(Typed or printed name and capacity of perso	n schnick abbucation	1)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John B. Scott Secretary of State

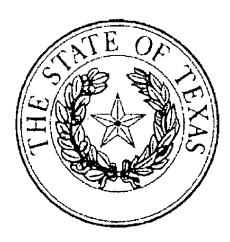
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Thayer Leader Development Group, Incorporated (file number 801255850), a Domestic For-Profit Corporation, was filed in this office on April 12, 2010.

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 07, 2022.



John B. Scott Secretary of State