F2200000146

(Requestor's Name)				
	ldress)			
(AC	idless)			
(Ad	idress)			
(Ci	ty/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



700384000017

03/21/22--01040--008 **78.75

2022 MAR 21 PM 3: 17

Y. SCOTT APR 1 0 2022

COVER LETTER

TO:	Registration SectionDivision of Corpo						
CHD I	ECT:	NET INTE	EROP CC)RP			
SODA	ECT:	Name of corporati	on - mu	st include suffix			
Dear S	Sir or Madam:						
"Certi	ficate of Existence."	by Foreign Corporation f or "Certificate of Good S orporation to transact bus	tanding"	and check are subn	Business in F nitted to registe	lorida, er the	**
Please	return all correspon	dence concerning this mat	ter to the	e following:			
LOVE	TTE DOBSON				1.5	207	
		Name	of Perso	n		21138 2	
17350	STATE HWY 249 #2		ompany		IV. S	PM	
HOUS	TON. TX 77064	Ad	dress		FILE	3: 17	
EFILE	:1234@INCFILE.COM	City/Stat 4	e and Zi	p code			
		E-mail address: (to be use	d for fu	ure annual report no	otification)		
For fu	rther information co	ncerning this matter, pleas	e call:				
LOVE	TTE DOBSON	at (38-462-3453 Daytime Teleph			
	Name of Person	Area C	ode	Daytime Teleph	one Number		
	STREET/COUR Registration Section Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	on rations lahassee Street, Suite 810		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations		
Please		e following amount: b: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE .75 Filing Fee & tified Copy	\$87.50 Fi Certifical Certified	e of S	

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.

1.	NET INTERO	OP CORP	
(Enter name of	corporation; must include "INCORPORATED," Torp." "Inc." "Co." or "Corp.")	"COMPANY." "CORPORAT	ION,"
(If name unavai	lable in Florida, enter alternate corporate name a	adopted for the purpose of transa	cting business in Florida)
2. VIRGINIA	3.		
(State or count	3. ry under the law of which it is incorporated)	(FEI number, i	(applicable)
4. 01/0 7 /1999	5	PERPETUAL	
(Dat	e of incorporation)	(Date of duration, if oth	er than perpetual)
6.			
<u> </u>	(Date first transacted business in	Florida, if prior to registration)	1.11.
	(SEE SECTIONS 607.1501 & 607.15	.02, F.S., to determine penalty ha	bility)
77	T CT, ST AUGUSTINE, FL 32092	<u></u>	
	(Principal offic	ce <u>street</u> address)	022148
	(Current madin	g address. if different)	2
8. Name and stre	et address of Florida registered agent: (P.O). Box <u>NOT</u> acceptable)	E I
Name:	KENNETH B HETZER		
Office Address:	5223 COMFORT CT		
	ST AUGUSTINE	, Florida ³²⁰⁹²	
	(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 Agnature)

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. DIRECTORS					
□Chairman	Name: KENNETH B HETZER	□Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
Director	52 TUSCAN WAY STE 202 #258	Director			
₽ President	ST AUGUSTINE, FL 32092	□President			
□ Vice President		☐ Vice President			
☐ Secretary	☐ Treasurer	□Secretary	□Treasurer		
Other	Other	Other	□Other		
□Chairman	Name: SHELLEY A HETZER	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
■!Director	52 TUSCAN WAY STE 202 # 258	□Director			
□President	ST AUGUSTINE, FL 32092	□President			
□Vice President		□Vice President	2022 HAI		
■ Secretary	□Treasurer	☐ Secretary	Preasurer		
□Other	□Other	□Other	Other—		
□ 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		
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.

KENNETH B HETZER

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That NET INTEROP CORP. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on January 7, 1999;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

March 16, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2022031617051992