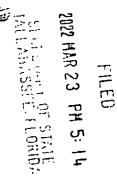
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T. LEMIEUX

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	IECT: Elyon Systems Inc.			
		Name of corporation	n - must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by For ficate of Existence," or "Ce referenced foreign corporat	rtificate of Good Star	nding" and check are sub-	
Please	return all correspondence o	concerning this matte	r to the following:	
Ahron	Aronow			
		Name of	Person	
Elyon	Systems Inc.			
		Firm/Con	npany	
4922 N	VW 66th Ave			
_		Addr	ess	
Laudei	thill, FL, 33319			
		City/State a	and Zip code	
ассоцп	nting@elyonsystems.com			
	E-mail	address: (to be used	for future annual report n	otification)
For fu	rther information concernin	g this matter, please	call:	
Ahron	Ahron	718 at (968-5412	
	Name of Person	Area Cod	le Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		2	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	sed is a check for the follow make check payable to: FLOF		Γ OF STATE	
	0.00 Filing Fee		378.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified 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.

(If name unavails	able in Florida, enter alternate corporate nar	me adopted for the purpose of transact	ing business in Florida)	
New York		3. 27-0249921	7-0249921	
(State or countr	y under the law of which it is incorporated)		applicable)	
05/26/2009		5. N/A	J/A	
(Date	(Date of incorporation) 5. (Date of duration, if other than perpetual)		r than perpetual)	
N/A				
	•	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liab	ility)	
\$12 Sterling St, B	rooklyn NY, 11225		,	
		office street address)		
	(Current ma	iling address, if different)		
			===	
Name and stree	et address of Florida registered agent: (l	P.O. Box NOT acceptable)	2022 TAL	
Name:	Mayer Wayden		2022 MAR SLUTT II TALLAHA	
	4922 NW 66th Ave		R 23	
			7.23 7.23 7.167 (0. 7.88)[E	
ffice Address:	Lauderhill	33319	· = 0	
		, Florida 33319 (Zip code)	PH 5 OF S1	
fice Address:	(City)	, Florida	PH 5: 1: If S Date If Lorid	
fice Address: Registered ag	(City)	Zip code)	5: 15 SIATE LORIDA	
fice Address: Registered ag	(City)	Zip code) (Zip code) ervice of process for the above state	ed corporation at the p	

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: Ahron Aronow □ Chairman Name: _____ □Vice Chairman Address: 412 Sterling Street ☐ Vice Chairman Address: Brooklyn, NY 11225 □ Director Director □ President □Vice President □Vice President □ Secretary □ Treasurer ☐ Secretary ☐ Treasurer □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 Name: _____ □ Chairman □ 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. 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. Ahron Aronow, President

(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

ELYON SYSTEMS INC.

DOS ID Number:

3814477

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

05/26/2009

Statement Status:

CURRENT

Statement Due Date:

05/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 02, 2022 at 10:28 A.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C Hydra

By Brendan C. Hughes

Executive Deputy Secretary of State

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