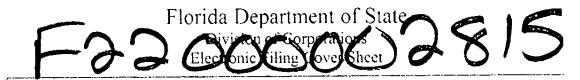
Division of Corporations

Page: 2 of 5

2022-05-05 09:10:05 POT

19548277645

From: Kaity Toon



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001629103)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Systems Personnel, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

From Keity Toon

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. Systems Personnel. Inc.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co ," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) New York 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) 11/21/1996 (Date of incorporation) (Date of duration, if other than perpetual) 05/10/2022 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 4154 SENECA STREET, WEST SENECA, NY, UNITED STATES, 14224 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) C.T Corporation System Name: 1200 South Pine Island Road Office Address: FL Plantation (Zip code) (City)

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.

C.T. Corporation System

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 baying 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]:

Page: 4 of 5

A. DIRECTORS					
_lChaomao	Jim Cipriani Jr Name	TChairman	Name:	in Shanley	
□Vice Chairman	Address 4154 Seneca Street	□Vice Chairman	Address _	154 Seneca Street	
□Director	West Seneca NY, 14224	Director	West Sen	eea NY, 14224	
∑iPresident		□President			
□Vice President		[[Wice President			
DiSecretary	[TT) easure)	Secretary		Treasurer	
□Other		□ Other		□Other	
⊒Chairman ∃Vice Chairman ⊒Director	Jon Poliseno Name. 4154 Seneca Street Address. West Seneca NY, 14224	□Chairman TiVice Chairman □Director	Address		
□President		□President	,		
DVice President		TVice President			
□Secretary	□Treasurer	□Secretary		□Treasurer	
□Other		□Othei		□Other	
JChanman	Name	_3Chairman _3Vice Chairman			
		_JDirector			
President		[†] President			
		IlVice President			
☐ Secretary	Treasurer	TSecretary		Ti Treasurer	
∃Other		□Other		IOther	
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. Ryan Shanley Signature of Director on Officer					
The officer or due she is aware that f s 817,155, F.S.	ector signing this document (and who is listed in number false information submitted in a document to the Depart	i 11 above) affirms to ment of State constit	hat the facts utes a third d	stated herein are true and that he or legree felony as provided for in	
Ryao Shanh	ey - Director				
-	(Typed or printed name and capacity of person	on signing application	n)		

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J, RODRIGUEZ, 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:

SYSTEMS PERSONNEL, INC. **Entity Name:**

Page, 5 of 5

DOS ID Number: 2086772

DOMESTIC BUSINESS CORPORATION **Entity Type:**

EXISTING Entity Status: Date of Initial Filing with DOS: 11/21/1996

CURRENT Statement Status: 11/30/2022 Statement Due Date:

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 May 02, 2022 at 09:23 A.M.

ROBERT J. ROBRIGUEZ, Secretary of State

Brandon Co Higher

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100001491925 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov