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| Special Instructions to F | iling Officer: | | | | | |
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Office Use Only



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COVER LETTER

| - | tration Section ion of Corporations | | | |
|---|---|--|--|--|
| SUBJECT: | SMARTnet, Inc | | | |
| 0013113011 | | corporation - | must include suffix | |
| Dear Sir or M | adam: | | | |
| "Certificate o | "Application by Foreign Corports of Existence," or "Certificate of ced foreign corporation to tran | Good Standi | ng" and check are subm | |
| Please return | all correspondence concerning | this matter to | the following: | |
| Lynne Austin | | | | |
| | | Name of Pe | erson | |
| SMARTNet, ir | ne | | | |
| | | Firm/Compa | any | |
| 211 Edwards F | erry Road | | | |
| _ | | Address | 5 | |
| Leesburg, VA | 20176 | | | |
| | (| City/State and | Zip code | |
| Lynne@smarti | = | | | |
| | E-mail address: (| to be used for | future annual report no | tification) |
| For further in | formation concerning this matt | er, please cal | 1: | |
| Lynne Austin | at | (703 | 338-1180 | |
| Nam | e of Person | Area Code | Daytime Telepho | 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 | | |
| | check for the following amour neck payable to: FLORIDA DEP ing Fee \$78.75 Filing I Certificate of S | ARTMENT C | OF STATE \$78.75 Filing Fee & Centified 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.

| "Inc.," "Co.," "C | orp," "Inc," "Co," or "Corp.") | | |
|--|---|---|---|
| Smartnetworks | , Inc. | | |
| (If name unavail | able in Florida, enter alternate corporate name | adopted for the purpose of transacti | ng business in Florida) |
| 2. Delaware | 54-1765595 3. | | |
| | y under the law of which it is incorporated) | (FEI number, if a | pplicable) |
| 4. June 27 1995 | 5. | | |
| | of incorporation) | (Date of duration, if other | than perpetual) |
| 6. N/A | | | |
| | (Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 | in Florida, if prior to registration) 502, F.S., to determine penalty liabil | iity) |
| 7 211 Edwards Fern | ry Rd Leesbirg, VA 20176 | | |
| | | fice street address) | |
| 211 Edwards Fer | ry Rd Leesburg, VA 20176 | | |
| | (Current maili | ng address, if different) | . |
| 8. Name and stree | et address of Florida registered agent: (P. | O. Box <u>NOT</u> acceptable) | FIL 2022 APR 28 SECRETARY TALL ARASSI |
| Name: | Lynne Austin | | R 2 |
| Office Address: | 1322 Caladesi Court | | · · · · · · · · · · · · · · · · · · · |
| | Dunedin | Florida | PM 1: 08 PM 1: 08 |
| | (City) | (Zip code) | 19.15 |
| designated in this further agree to c | ent's acceptance: ned as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes to with and accept the obligations of my po | ment as registered agent and agr relative to the proper and comple | d corporation at the place ree to act in this capacity. ree performance of my dut |
| _ | Spre V A | whi | |
| _ | (Registered agent's 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. DIRECTORS Lynne Austin Name: Name: □ Chairman ☐ Chairman 1322 Caladesi Court □Vice Chairman Address: □Vice Chairman Address: Dunedin, FL 34698 □ Director □Director □President President □ Vice President □ Vice President ☐Treasurer □ Secretary □ Secretary □Treasurer □Other □Other _____ □Other □Other ______ □Chairman □ Chairman Name: Name: □ Vice Chairman Address: ______ □Vice Chairman Address: ____ □ Director □ Director □ President □President □Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer □Other ____ □Other _____ □Other _____ □Other _____ □ Chairman □ Chairman Name: _____ Name: _____ □ Vice Chairman ☐ Vice Chairman Address: _____ 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. Some V Austin 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.

Lynne Austin, President

Commonduealth & Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That SMARTNET, INC., a corporation incorporated under the laws of Delaware, is authorized to transact business in the Commonwealth of Virginia

That the corporation obtained a certificate of authority to transact business in Virginia from the Commission on September 6, 1995; and

That the corporation is 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:

April 5, 2022

Bernard J. Logan, Clerk of the Commission