(Requestor's	Name)
(Address)	
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(City/State/Zi	p/Phone #)
PICK-UP W	/AIT MAIL
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COVER LETTER

	stration Section sion of Corporations				
CUD IFOT.	T: Synectic Systems, Inc.				
SUBJECT:	Name	of corporation -	must include suffix		
Dear Sir or M	1adam:				
"Certificate of	"Application by Foreign Co of Existence," or "Certificate need foreign corporation to t	of Good Standi	ng" and check are subm	Business in Florida," aitted to register the	
Please return	all correspondence concern	ing this matter to	the following:		
Helen Harriso	n				
		Name of Po	erson		
Synectic Syste	ems, Inc.				
		Firm/Comp	any		
PO BOX 1796	50				
	<u> </u>	Addres	5		
Golden, CO 8	0402				
		City/State and	l Zip code		
helen.harrisor	@synecticsplc.com				
	E-mail addres	s: (to be used for	r future annual report no	tification)	
For further in	nformation concerning this r	natter, please cal	1:		
Helen Harriso	n	at (+441724 708894		
Nan	ne 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		Registration Se Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following am heck payable to: FLORIDA D ling Fee	EPARTMENT (ng Fee &	OF STATE \$78.75 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.

(Enter name of co	us, Inc. corporation; must include "INCORPORATED," "(corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting b	usiness in Florida)	
Delaware	3.	34-1674105		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applie	able)	
03/17/2005	5.			
(Date	of incorporation)	(Date of duration, if other than	n perpetual)	
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,			
6398 Cindy Lane	, Suite 200, Carpinteria, CA, 93013		7. S	
	(Principal office	treet address)	2022 HA SECAL FALL AL	
PO BOX 17960,	Golden, CO 80402			
	(Current mailing a	ddress, if different)	<u>الم تأور</u>	
			<u>~i</u>	
. Name and street	et address of Florida registered agent: (P.O. E	ox NOT acceptable)	PH	
	Corporation Service Company		# 5: 19 3:ALE ALGRIDA	
Name:		- -	•	
ffice Address:	1201 Hays Street	<u> </u>		
	Tallzhassec	Florida 32301		

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.

Comporation Service Company

By: Dand Matth Authorized Representative

(Registered agent'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 Paul Wcbb David Bedford □ Chairman □ Chairman Name: 3 - 4 Broadfield Close 3 - 4 Broadfield Close ☐ Vice Chairman □Vice Chairman Sheffield Sheffield Director ■ Director **S8 0XN S8 0XN** ☐ President ☐ President UΚ UK ☐ Vice President □ Vice President ☐ Treasurer ☐ Secretary □ Secretary ☐ Treasurer □Other _____ □Other ___ □Other ____ ☐Other _____ Name: Claire Stewart □ Chairman □Chairman Name: _____ 3 - 4 Broadfield Close ☐ Vice Chairman Address: □Vice Chairman Address: _____ Sheffield Director □ Director **S8 0XN** ☐ President □President UΚ □Vice President ☐ Vice President ☐ Treasurer □Treasurer Secretary 3 □ Secretary □Other _____ □Other ___ Other ___ □ Chairman Name: □Chairman Name: ☐ Vice Chairman □Vice Chairman Address: ____ Address: □ Director □Director ☐ President ☐ President ☐ Vice President _____ □Vice President □ Secretary □ Treasurer ☐ Secretary □ Treasurer ☐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 indexe tion tiling your Florida Department of State Annual Report form. Signature of Director of 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. Claire Stewart, Secretary

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SYNECTIC SYSTEMS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYNECTIC SYSTEMS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202973627

Date: 03-22-22

3941546 8300 SR# 20221103881