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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
	(Document Number)	
Certified Copies	Certificates of S	status
Special Instructions to	Filing Officer:	
		}

Office Use Only



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S. ROBERTS AUG 3 1 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 826347 7695161
AUTHORIZATION Spellice man
COST LIMIT : \$ 70.00
ORDER DATE : July 21, 2022
ORDER TIME : 9:43 AM
ORDER NO. : 826347-015
CUSTOMER NO: 7695161
FOREIGN FILINGS
NAME: SATELLITE SERVICES & TELEMATICS MONITORING INC.
XXXX QUALIFICATION (TYPE: CO)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO:	_	ration Sector of Corp					
SUBJI	FCT.	SATELLI	E SERVICES &	TELEMAT	TCS MON	ITORING INC.	
3013	ECT.		Name	of corpora	tion - mu	st include suffix	
Dear Si	ir or Ma	dam:					
"Certif	icate of	Existence		of Good	Standing"	and check are sub	et Business in Florida," mitted to register the
Please	return a	ll correspo	ndence concern	ing this ma	atter to the	e following:	
Abrah	nam Si	bershata	2				
				Name	of Perso	n	
Satell	lite Ser	vices &	Telematics M	onitoring	Inc.		
	n Beach	al Garder Gardens		Firm/0	Company		
	-			A	ddress	***	
_				City/Sta	te and Zip	p code	
roz.s.	tomas	@gmail.d					
			E-mail address	s: (to be us	ed for fut	ure annual report r	notification)
For fur	ther info	ormation c	oncerning this n	natter, plea	se call:		
Roz S	Silbersł	atz		-4.4	646 ₇ 32	21_0844	
1102 0		of Person			040<u>752</u> Code	Daytime Telepl	none 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				
			e following amo		ENT OF S	TATE	
	00 Filin		S78.75 Filin	ig Fee &	□ \$78.	75 Filing Fee & tiffed 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 unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transactin	g business ir	r Florida))
Delaware	3.				
(State or countr	y under the law of which it is incorporated) 3	(FEI number, if ap	plicable)		_
03/10/2009	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		ty)	-	_
- 3000 Central Gar	dens Circle, Palm Beach Gardens, FL 33418				
	(Principal offic	e <u>street</u> address)			_
3000 Central Gard	dens Circle, Palm Beach Gardens, FL 33418				
·	(Current mailing	gaddress, if different)		20	_
Name and stree	t address of Florida registered agent: (P.O.	. Box NOT acceptable)	÷.	2022 AUS	ماسين زاند
Name:	Corporation Service Company			<u> </u>	-
	1201 Hays Street		•		
	Tallahassee	, Florida 32301	· · ·	<u>ુ</u> ગુ	•
				±	
ffice Address:	(City)	(Zip code)			

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 Abraham Silbershatz □ Chairman Name: □ Chairman Name: _____ 3000 Central Gardens Circle, □Vice Chairman Address: ☐ Vice Chairman Address: Palm Beach Gardens, FL 33418 ■ Director Director President □ President □Vice President _____ □ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer □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 ___ □ 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 _____ 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. Abraham Silbershatz 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. Abraham Silbershatz, President



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

DELAWARE, DO HEREBY CERTIFY "SATELLITE SERVICES & TELEMATICS

MONITORING 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-THIRD DAY OF AUGUST, 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 "SATELLITE SERVICES & TELEMATICS MONITORING INC." WAS INCORPORATED ON THE TENTH DAY OF MARCH, A.D. 2009.

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

Authentication: 204226927

Date: 08-23-22