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| Certified Copies                      | Certificates of Status  |             |
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| Special Instructions to               | Filing Officer:         |             |
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Office Use Only



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SEL 1 8 JOHN

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT | NO   |     | 12000000019        | 5 |
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REFERENCE : 954718 / 8392157

AUTHORIZATION : Spelle le mon

COST LIMIT : \$ 70.00

ORDER DATE: September 14, 2022

ORDER TIME : 2:52 PM

ORDER NO. : 954718-005

CUSTOMER NO: 8392157

### FOREIGN FILINGS

NAME: PHOENIX SYSTEMS INTEGRATOR,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## 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.

|                    | STEMS INTEGRATOR, INC. rporation: must include "INCORPORATED." "      | COMPANY " "CORPORATION.               | <del>.</del>           |
|--------------------|---|---------------------------------------|------------------------|
| "Inc.," "Co.," "Co | rporation: must include "INCORPORATED:  rp." "Inc." "Co," or "Corp.") | COM MATERIAL COM COM COM              |                        |
|                    |   |                                       |                        |
|                    |   |                                       |                        |
| (If name unavaila  | ble in Florida, enter alternate corporate name add                    | pted for the purpose of transacting   | business in Florida    |
| New York           | 3   | 27 323 7889                           |                        |
| (State or country  | under the law of which it is incorporated)                            | (FEI number, if app                   | licable)               |
| 08/05/2010         | 5   |                                       |                        |
| ; Date             | of incorporation)   | (Date of duration, if other th        | nan perpetual)         |
|                    |   |                                       |                        |
|                    | (Date first transacted business in F                                  | lorida, if prior to registration)     | `                      |
|                    | (SEE SECTIONS 607.1501 & 607.1502                                     | , F.S., to determine penalty hability | у)                     |
| 18 Friends Ln W    | estbury. NY 11590-6535  |                                       |                        |
|                    | (Principal office   | street address)                       |                        |
|                    |   | 10.1100                               | -: R                   |
|                    | (Current mailing a  | address, if different)                | 2022<br>S.E.C<br>T.A.L |
|                    |   | am                                    | 器器                     |
| . Name and stree   | t address of Florida registered agent: (P.O.)                         | Box NOT acceptable)                   | 55. <b>5</b>           |
| Name:              | Corporation Service Company   | <u> </u>                              | <u> </u>               |
|                    | 1201 Hays Street  |                                       | AM S                   |
| Office Address:    | T-U-b   |                                       | 9: 5                   |
|                    | Tallahassee   | Florida (Zip code)                    | .; ···· <b></b>        |
|                    | (City)  | (Zip code)                            |                        |

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.

(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 Joseph Vuotto Name: \_\_\_\_\_ □ Chairman ☐ Chairman Name: 18 Friends Ln ☐ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ Director Director Westbury, NY 11590-6535 □President \_\_\_\_\_\_ President □ Vice President □Vice President \_\_\_\_\_ □Treasurer □ Secretary □Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_\_ Chairman Name: □ Chainnan Address: □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman □ Director □Director □President President □Vice Presiden: □Vice President □ Secretary ☐Treasurer ☐ Treasurer ☐Secretary □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_\_ Name: □ Chairman **DChairman** Address: □ Vice Chairman Vice Chairman Address: □ Director □Director □President □President ■Vice President □Vice President □ Secretary ☐ Treasurer □ Treasurer ☐ Secretary □Otner \_\_\_\_\_ □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. Joseph Vuotto, President/Director

#### 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:

Entity Name: PHOENIX SYSTEMS INTEGRATOR, INC.

**DOS 1D Number:** 3981179

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 08/05/2010

Statement Status: CURRENT Statement Due Date: 08/31/2022

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 September 14, 2022 at 07:41 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heylan

By Brendan C. Hughes

**Executive Deputy Secretary of State** 

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