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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
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Condition Coming	Cadificator of	Ctatus
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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S. FRANKLIN NOV - 1 2022

COVER LETTER

TO:	-	tration Section of Corporations			
SUBJI	ECT:	TSWT Acquisition, Inc.			
5055	.,		corporation	- must include suffix	
Dear Si	ir or M	adam:			
"Certif	icate of	"Application by Foreign Corp Existence," or "Certificate of ced foreign corporation to tran	Good Stand	ding" and check are submitte	siness in Florida," ed to register the
Please return all correspondence concerning this matter to the following:			8		
Paige C	iross				
			Name of I	Person	
Kostop	oulos R	odriguez, PLLC			<u> </u>
			Firm/Com	pany	
550 W.	. Merrill	St., Ste. 100			
			Addre	rss	
Birmin	gham, N	M1 48009			
		(City/State ar	nd Zip code	
abrown	@ncpa	rtners.com			
		E-mail address: (to be used f	or future annual report notifi	cation)
For fur	ther in	formation concerning this mat	ter, please c	all:	
Paige Gross		(_248	719-8672		
	Nam	e of Person	Area Code		Number
	Regis Divis The C 2415	EET/COURIER ADDRESS: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303		MAILING ADDR Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on rations
Please r	make ch	check for the following amounteck payable to: FLORIDA DEPing Fee	ARTMENT Fee & □		\$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.

der the law of which it is incorporated) 5	(FEI number, if application) (Date of duration, if other than lorida, if prior to registration)	cable)
der the law of which it is incorporated) 5	(FEI number, if applic (Date of duration, if other than lorida, if prior to registration)	
(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502) it 4E, New York, NY 10013	(FEI number, if applice (Date of duration, if other than lorida, if prior to registration)	
(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1501 it 4E, New York, NY 10013	lorida, if prior to registration)	n perpetual)
(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 it 4E, New York, NY 10013	lorida, if prior to registration)	n perpetual)
(SEE SECTIONS 607.1501 & 607.1502 it 4E, New York, NY 10013		
(SEE SECTIONS 607.1501 & 607.1502 it 4E, New York, NY 10013		
t 4E, New York, NY 10013	, ,	
(Principal office	street address)	<u></u>
(Current mailing	address, if different)	
		•
Idress of Florida registered agent: (P.O.	Box NOT acceptable)	20
Registered Agents Inc.		7
901 4th St. N. Sie. 300		
	, Florida	سب. سي
(City)	(Zip code)	
s acceptance:		
ply with the provisions of all statutes rele	ative to the proper and complete p	
h and accept the obligations of my posit	ion as registered agent.	
	Idress of Florida registered agent: (P.O. Registered Agents Inc. 901 4th St. N. Ste. 300 t. Petersburg (City) s acceptance: as registered agent and to accept service oblication. I hereby accept the appointmently with the provisions of all statutes relications.	901 4th St. N. Ste. 300 t. Petersburg . Florida 33702 (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 **Buck Marshall** Alexander Brown Name: □ Chairman Name: □Chairman 35 Mercer St., Unit 4E 35 Mercer St., Unit 4E Address: □ Vice Chairman Address: ☐ Vice Chairman New York, NY 10013 New York, NY 10013 ■ Director ■ Director □President □ President □ Vice President □ Vice President □Treasurer ☐ Secretary □ Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other ____ _ Name: ______ ☐ Chairman □ Chairman □ Vice Chairman Address: ______ □Vice Chairman Address: ______ □ Director □ Director □President □President ☐ Vice President □ Vice President ☐Treasurer~? ☐ Treasurer □ Secretary □ Secretary □Other _____ □Other ____ □Other _____ Name: ____ Name: _ _ □Chairman □Chairman Address: _____ □ Vice Chairman □ Vice Chairman Address: _______ Director □ Director □ President □ President □Vice President _ □ Vice President □Treasurer □ Secretary □Treasurer □ Secretary □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.

(Typed or printed name and capacity of person signing application)

Alexander Brown, Director

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TSWT ACQUISITION, 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 EIGHTEENTH DAY OF OCTOBER, 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 "TSWT

ACQUISITION, INC." WAS INCORPORATED ON THE THIRD DAY OF DECEMBER,

A.D. 2020.

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

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Authentication: 204539046

Date: 10-18-22