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S. FRANKLIN MAR 2 3 2023

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

OCUMENT NUMB	ER		
	**PLEASE FILE	THE ATTACHED AND RETURN**	
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	PLEASE UDIAIN IN	E FOLLOWING FOR THE ABOVE ENTITY**	
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or bearing			
· · · · · · · · · · · · · · · · · · ·	18.75	ACCOUNT # 120140000108  United Corporate Services, Inc.  r any issues or concerns, Thank you so much,	1

# COVER LETTER

	stration Section ion of Corporations		•	
SUBJECT:	System Two US, Inc.		;	1
SCEUZET.	Name	of corporation	ı - must include suffix	
Dear Sir or M	ladam:			
"Certificate of	"Application by Foreign C f Existence," or "Certificate ced foreign corporation to	e of Good Stan	ding" and check are sub	act Business in Florida," comitted to register the
Please return	all correspondence concern	ing this matter	to the following:	
Connie L. Cec	ala, Paralegal		•	
		Name of	Person	
Norris McLaug	ghlin, P.A.			;
		Firm/Com	pany	
515 W. Hamilt	on Street, Suite 502			ξ3 ( )
		Addre	ess	- 1
Allentown, PA	18101			
		City/State ar	nd Zip code	
nick@alligator.				_
	E-mail address	s: (to be used for	or future annual report r	notification)
For further inf	ormation concerning this m	natter, please ca	all:	
Connie L. Ceca	la	484 at (	765-2228	
Name	of Person	Area Code	Daytime Teleph	none Number
Regist Division The Co 2415 N	ET/COURIER ADDRESS ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303		MAILING AN Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations
	heck for the following amount of the payable to: FLORIDA DE 18 Fee S78.75 Filing Certificate o	EPARTMENT ( g 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 c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavails	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)
New York	3.	
(State or countr	y under the law of which it is incorporated)	(FEl number, if applicable)
07/09/2020	5.	(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
5		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)
. 219 Buttery	Road, New Canaan, CT 06840	·
	(Principal offic	ce <u>street</u> address)
219 Buttery Road	d, New Cansan, CT 06840	
	(Current mailing	g address, if different)
3. Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)
Name:	United Corporate Services, Inc.	_
Office Address:	3458 Lakeshore Drive	
·	Tallahassee	, Florida 32312
	(City)	(Zip code)

Michael A. Barr
(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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					
Chairman	Mark Bjornsgaard	□ Chairman	☐Chairman Name: Nicholas Iacono		
□Vice Chairman	Address:	□Vice Chairman	Address: 219 Buttery Road		
Director	Goldaming, Surrey	□Director	New Canaan CT 06840		
≅President	UK GU7 1UD	□President			
□Vice President		□ Vice President			
☐ Secretary	Treasurer	☐ Secretary		☐Treasurer	
□Other	Other	□Other	<del></del>	□Other	
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Address:		
□President	UK GU7 1UD	□President			
■Vice President		□ Vice President			
Secretary	☐ Treasurer	Secretary		□Treasurer	
Other	□Other	Other	<del></del>	□Other	
	Name:		Name:	• • •	
		Director			
□President _		□President		-	
□Vice President _		☐ Vice President		:	
Secretary	☐ Treasurer	☐ Secretary		□Treasurer	
Other	Other	□Other		□Other	
The officer or directors as aware that falses.817.155, F.S.	se an attachment to report more than six (6). The added to the index when filing your Florida Depar Rolle Signature of Director signing this document (and who is listed in nume information submitted in a document to the Department of the Departme	nment of State Annual Report or Officer	ort form.	nercin are true and that he or	
13. Nicholas Iacor	no, CEO				

#### 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: SYSTEM TWO US, INC.

**DOS ID Number:** 5783909

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 07/09/2020

Statement Status: CURRENT
Statement Due Date: 07/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official scal of the Department of State, at the City of Albany, on March 20, 2023 at 12:35 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughen

By Brendan C. Hughes
Executive Deputy Secretary of State

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