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

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COVER LETTER

	egistration Section ivision of Corporation	s				
SUBJEC	T: SEPIO SYSTEMS	INC.				
00000		Name of corporat	on - mu	st include suffix		
Dear Sir o	r Madam:					
"Certificat	sed "Application by Force of Existence," or "Corrected forcign corporates	ertificate of Good S	landing"	and check are sub	ct Business in Florida," mitted to register the	
Please reti	ırn all correspondence	concerning this mat	ter to the	e following:		
ROY VIN	NIK					
		Name	of Perso	ıı		
SEPIO SY	STEMS INC					
		Firm/C	ompany			
11140 Roc	kville Pike, Suite 100-34	6				
		Ad	dress			
Rockville l	MD 20852-3106					
	_	City/State	and Zip	o code		
tax@vinni	*					
	E-ma	l address: (to be use	d for fut	ure annual report r	otification)	
For furthe	r information concerni	ng this matter, pleas	e call:			
Roy Vinnil	k	at (202	57	de Daytime Telephone Number		
N	ame of Person	Area C	ode /	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		
Please mak	-		☐ \$78.	TATE 75 Filing Fee & tified Copy	S87.50 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.

oration: must include "INCORPORATED," "Inc," "Co," or "Corp.") STEMS FL INC. in Florida, enter alternate corporate name add		I."		
	opted for the purpose of transacting			
in Florida, enter alternate corporate name ad-	opted for the purpose of transacting			
		g business in	Florida	.)
3.				
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
5.				
ncorporation)	(Date of duration, if other than perpetual)			_
		w)		_
	, r.s., to determine penalty habits	.y)		
	nemone ordalo surv			_
•		LE MD	20852)
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(carrent maning t	,		. Lu	
dress of Florida registered agent: (P.O. 1	Box NOT acceptable)		۲ کا ا	i. cegra
	<u> </u>	27	PR	1. (4
	_	<u>ن</u> الرائد		•
90 1 4th St N STE 300		· ;	PH	
St. Petersburg	. Florida 33702	,		Section 2
(City)	(Zip code)	•	20	
1	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502) CT, Rockville, MD 20852 (Principal office (Principal office (Current mailing a ddress of Florida registered agent: (P.O. In Registered Agents Inc.) 7901 4th St N STE 300 St. Petersburg	(Date of duration, if other to (Date of duration) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability of the control of the c	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) CT, Rockville, MD 20852 (Principal office street address) NIK, 11140 ROCKVILLE PIKE SUITE 100-346, ROCKVILLE, MD (Current mailing address, if different) (Current mailing address, if different) Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) (Date of duration, if other than perpetual distriction) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Principal office street address) (Current mailing address, if different)	(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) CT, Rockville, MD 20852 (Principal office street address) (Rik, 11140 ROCKVILLE PIKE SUITE 100-346, ROCKVILLE, MD 20852 (Current mailing address, if different) Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) Florida (City) (Date of duration, if other than perpetual)

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.



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.

DocuSign Envelope ID: C3DBBED3-BD8E-4410-A14C-ED5B62360595

A. DIRECTORS	•						
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: 300 Colonial Center Parkway STE	□Vice Chairman	Address:				
■Director		Director					
■ President	Roswell GA 30076	□President					
□Vice President		□Vice President					
■ Secretary	■ Treasurer	☐ Secretary	□Treasurer				
□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	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				
	Jse an attachment to report more than six (6). The added to the index when filing your Florida Depar						
12	Signature of Directo		You Apron				
	Signature of Direct	or or Officer	9222ED2BA6A2492				
The officer or direct she is aware that fars.817.155, F.S.	tor signing this document (and who is listed in nunlse information submitted in a document to the Dep	nber 11 above) affirms the partment of State constitu	at the facts stated herein are true and that he or tes a third degree felony as provided for in				
13 Yosef Appleboum, CEO and Chairman							
(Typed or printed name and capacity of person signing application)							



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SEPIO 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 THIRTIETH DAY OF DECEMBER, 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 "SEPIO SYSTEMS INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2018.

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

APYS OF COMMENTS O

Authentication: 205227053

Date: 12-30-22



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are <u>optional</u>. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.