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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: LegalOperations@na.odcorp.net

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY -3 PM 4:08

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FOREIGN PROFIT/NONPROFIT CORPORATION

Varis, Inc.

Certificate of Status	0
Certified Copy	1
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H23000165855 3. This is a 1-2 filing, thank you!

CP

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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.

1. Varis, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Varis Solutions, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 86-1588941
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/07/2020 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6600 North Military Trail, Boca Raton, FL 33496
(Principal office street address)

same
(Current mailing address, if different)

8. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: SEAN L EMERICK, ASSISTANT SECRETARY

By:

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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SECRETARY OF STATE
TALLAHASSEE, FL

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A. DIRECTORS

☐ Chairman Name Gerry Smith
☐ Vice Chairman Address 6600 North Military Trail
☒ Director Boca Raton, FL 33496
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Cynthia T. Jamison
☐ Vice Chairman Address 6600 North Military Trail
☒ Director Boca Raton, FL 33496
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Prentis D. Wilson
☐ Vice Chairman Address 6600 North Military Trail
☒ Director Boca Raton, FL 33496
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Executive Officer ☐ Other _____

☐ Chairman Name Shashank Samant
☐ Vice Chairman Address 6600 North Military Trail
☒ Director Boca Raton, FL 33496
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Richard Ficman
☐ Vice Chairman Address 6600 North Military Trail
☐ Director Boca Raton, FL 33496
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name See Attached
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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12 Richard Ficman
AFK052C5EC8A49
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.

13 Richard Ficman - Secretary
(Typed or printed name and capacity of person signing application)

Attachment

Varis, Inc: Officers

<u>OFFICERS</u>		
Name	Address	Title
Prentis D. Wilson	6600 North Military Trail, Boca Raton, FL 33496	CEO and Treasurer Chief
Terry Leeper	6600 North Military Trail, Boca Raton, FL 33496	Technology Officer
Daniel Smith	6600 North Military Trail, Boca Raton, FL 33496	Chief Customer Officer
Richard Fieman	6600 North Military Trail, Boca Raton, FL 33496	Chief Legal Officer and Secretary


Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VARIS, 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 APRIL, A.D. 2023.

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



Jeffrey W. Bullock, Secretary of State