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COVER LETTER

TO:	Registration Section Division of Corporations			
	MSI Utilities, Inc.			
SUBJ	ECT:			
	Name of	corporation -	must include suffix	
Dear S	Sir or Madam;			
"Certi	nclosed "Application by Foreign Corp ficate of Existence," or "Certificate of referenced foreign corporation to tran	f Good Standi	ng" and check are subm	
Please Frank V	return all correspondence concerning Warner	this matter to	the following:	
	· · · · · · · · · · · · · · · · · · ·	Name of Pe	rson	
MSIU	tilities, Inc.			
425 Me	etro Place N., Ste 330	Firm/Compa	uny	
	, "	Address	3	
Dublin	, OH 43017			
		City/State and	Zip code	
fwame	r@msiutilities.com			
	E-mail address: (to be used for	future annual report no	tification)
For fu	rther information concerning this mat	ter, please cal	1:	
Frank '	Warner	866	337-3463	
	***************************************	t (Area Code)	N
	Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations			MAILING AD Registration Se Division of Co	ction
The Centre of Tallahassee			P.O. Box 6327 Tallahassee, FL 32314	
	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Tananassee, FL	. 32314
Enclos	sed is a check for the following amou	nt:		
Please	make check payable to: FLORIDA DEP	PARTMENT C		
□ \$ 70	0.00 Filing Fee \$78.75 Filing Certificate of		\$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. MSI Utilities, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 87-0712213 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) 10/29/2003 Perpetual 5. (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 425 Metro Place N, Ste 330, Dublin, OH 43017 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 3458 Lakeshore Drive Office Address: Tallahassee (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. Joanna Fernandez on behalf of InCorp Services, Inc. (Registered agent's signature)

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

under the law of which it is incorporated.

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

A. DIRECTORS	Frank Warner		Tom Williamson
☐Chairman	Name: 425 Metro Place N, Ste 330	□ Chairman	Name: 425 Metro Place N, Stc 330
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	Dublin, OH 43017	Director	Dublin, OH 43017
□President		President	
□Vice President		□Vice President	
Secretary CEO	☐ 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
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□ President		□President	
□Vice President		☐ Vice President	
☐ Secretary	☐Treasur e r	Secretary	□Treasurer
Other	Other	☐Other	□ Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dept	artment of State Annual Re	

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.

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MSI UTILITIES, INC., an Ohio corporation, Charter No. 1419561, having its principal location in Dublin, County of Franklin, was incorporated on October 29, 2003 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of April, A.D. 2023.

Ohio Secretary of State

Fred for