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Division of Corporations

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 future annual report mailings. Enter only one email address please.****

Email Address: stacy.shilling@beiprecision.com

FOREIGN PROFIT/NONPROFIT CORPORATION
BEI Precision Systems & Space Company, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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2023 JUN 28 AM 10:02

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA2023 JUN 28 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FL

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Help

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. BEI PRECISION SYSTEMS & SPACE COMPANY, INC.
(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)
2. DELAWARE
(State or country under the law of which it is incorporated)
3. 20-3759457
(FEI number, if applicable)
4. JUNE 27, 2006
(Date of incorporation)
5. _____
(Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1100 MURPHY DRIVE, MAUMELLE, AR 72113
(Principal office street address)
- _____
(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 FL 33324
(City) (Zip code)

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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.

By: C T Corporation System Denise Bell Denise Bell,
Assistant
Secretary
(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]:

A. DIRECTORS

☒ Chairman Name: RAJEEV AMARA

☐ Vice Chairman Address: C/O ARCLINE INV MGMT

☒ Director 4 EMBARCADERO CENTER

☐ President SUITE 3460

☐ Vice President SAN FRANCISCO, CA 94111

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: SHYAM RAVINDRAN

☐ Vice Chairman Address: C/O ARCLINE INV MGMT

☒ Director 4 EMBARCADERO CENTER

☐ President SUITE 3460

☐ Vice President SAN FRANCISCO, CA 94111

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: KEVIN PERHAMUS

☐ Vice Chairman Address: C/O ARCLINE INV MGMT

☒ Director 4 EMBARCADERO CENTER

☐ President SUITE 3460

☐ Vice President SAN FRANCISCO, CA 94111

☒ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: ROSS SEALFON

☐ Vice Chairman Address: C/O ARCLINE INV MGMT

☐ Director 4 EMBARCADERO CENTER

☒ President SUITE 3460

☐ Vice President SAN FRANCISCO, CA 94111

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: ALEX IANNACONE

☐ Vice Chairman Address: C/O ARCLINE INV MGMT

☒ Director 4 EMBARCADERO CENTER

☐ President SUITE 3460

☐ Vice President SAN FRANCISCO, CA 94111

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: KEVIN STEINER

☐ Vice Chairman Address: C/O ARCLINE INV MGMT

☒ Director 4 EMBARCADERO CENTER

☐ President SUITE 3460

☐ Vice President SAN FRANCISCO, CA 94111

☐ Secretary ☐ Treasurer

☐ 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.

12. Ross Sealfon

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. ROSS SEALFON

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEI PRECISION SYSTEMS & SPACE COMPANY, 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 TWENTY-SEVENTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



4022543 8300

SR# 20232867803

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203636206

Date: 06-27-23