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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: CAPITAL NETWORK SYSTEMS CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseiey

	Name o	f Person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Legalzoom.com, Inc.					
	Firm/Co	mpany			
101 N Brand Blvd 11th Fl					
	Add	ress			
Glendale, CA 91203					
	Citv/State	and Zip code	<u> </u>		
richard@capitalns.com					
	E-mail address: (to be used	for future annual report	notification)		
For further information	concerning this matter, please				
Cheyenne Moseley	<u>at (</u>	773-08 88			
Name of Persor	Area Co	de Daytime Tele	phone Number		
STREET/COU	RIER ADDRESS:	MAILING	ADDRESS:		
Registration Section			Registration Section		
Division of Corporations The Centre of Tallahassee			Division of Corporations P.O. Box 6327		
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Tallahassee, FL 32314		
Enclosed is a check for Please make check payable	the following amount: to: FLORIDA DEPARTMEN	T OF STATE			
	\$78.75 Filing Fee & Certificate of Status	🖬 \$73.75 Filing Fee &	S87.50 Filing Fee, Certificate of Status & Certified Copy		

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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.

•	CAPITAL	NETWORK	SYSTEMS	CORPORATION
1.				

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

ble in Florida, enter alternate corporate name a	dopted for the purpose of transac	ting business in Florida	ı)
	84-2379586		
under the law of which it is incorporated)	(FEI number, if applicable)		
5			
of incorporation)	(Date of duration, if other than perpetual)		
(SEE SECTIONS 607.1501 & 607.150	F.S., to determine penalty liab		
, Brunswick, MD 21716			
(Principal offic	e <u>street</u> address)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			-
United States Corporation Agents, Inc.			
476 Riverside Ave.		¥	
iacksonville	, Florida 32202	10 · 10	
(City)	(Zip code)	, ,	
nt's acceptance:		+ I	
	3. y under the law of which it is incorporated) of incorporation) (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 a, Brunswick, MD 21716 (Principal offic (Curren: mailing (Curren: mailing t address of Florida registered agent: (P.O. United States Corporation Agents, Inc. 476 Riverside Ave. jacksonville (City)	3. 84-2379586 y under the law of which it is incorporated) (FEI number, if of incorporation) (Date of duration, if oth (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liable, Brunswick, MD 21716 (Principal office <u>street</u> address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) United States Corporation Agents, Inc. 476 Riverside Ave. iacksonville, Florida <u>32202</u> (City), Florida <u>32202</u>	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) a., Brunswick, MD 21716 (Principal office <u>street</u> address) (Current mailing address, if different) <u>t address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) United States Corporation Agents, Inc. <u>476 Riverside Ave.</u>

CM	CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.	ٽ'

(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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2023-10-04 (1-54 50 PDT

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A. DIRECTORS				
□Chaiπnan	Richard McDevitt Name:	🕀 Chairman	Name:	<u></u>
⊖Vice Chairman	801 N Maple Ave. Address:	DVice Chairman	Address:	
Director	Brunswick, MD 21716	Director		
President		⊖President		
⊂Vice President		🗇 Vice President		
Secretary	Treasurer	□Secretary		DTreasurer
GrOther	Other	DOther		DUther
🗄 Chairman	Name:	□Chairman	Name:	
DVice Chairman	Address	⊡Vice Chainnan	Address:	
Director		Director		
⊖President		⊡President		
UVice President		OVice President		
Secretary	Treasurer	Secretary		Treasurer
Other	Other	[] Other		Other
⊡Chaiπnan	Name:	⊒Chairnan	Name:	
i Nice Chairman	Address:	⊡Vice Chainman	Address:	
DDirector		LIDirector		
⊡President]]President		
Dvice President		□Vice President	<u> </u>	
O Secretary	Treasurer	C) Secretary		Treasurer
()Other	Other	DOther		□ 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.

Mangale At-12. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) atfirms 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 McDevitt, President

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

Τo:



Online Certificate Authentication Code. IV/GY0Vsh0i3amAAKlcjwA To verify the Authentication Code, visit http://dat.maryland.gov/verify