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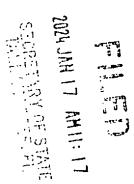
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NEOSYS CORPORATION	
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stanabove referenced foreign corporation to transact business	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Kelly Williams	
Name of	Person
Neosys Corporation	
Firm/Com	pany
P.O. Box 340	
Addre	ess
Hartwood, VA 22471	
City/State an	nd Zip code
Kelly@eNeosys.com	
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please c	all:
Kelly Williams 540	752-4607
Name of Person Area Code	Daytime Telephone 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee	OF STATE 3 \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

1. NEOSYS COR	PORATION		
	corporation; must include "INCORPORATE Corp," "Inc." "Co," or "Corp.")	D."	"COMPANY," "CORPORATION,"
(If name unavail	lable in Florida, enter alternate corporate nat	ne a	dopted for the purpose of transacting business in Florida)
Virginia 2.		3.	54-1518332
(State or count	ry under the law of which it is incorporated)	٠. ,	54-1518332 (FEI number, if applicable)
4. 30 August 1989	1	5.	
· ·	e of incorporation)	٠	(Date of duration, if other than perpetual)
6,01/01/2024			
7. <u>⁹⁴⁹⁸ Woodleigh</u>	(SEE SECTIONS 607.1501 & 607 Mill Drive, Jacksonville, FL 32244	7.15	Florida, if prior to registration) 02, F.S., to determine penalty liability) re street address)
P.O. Box 340, H	artwood, VA 22471		
8. Name and streen	(Current ma et address of Florida registered agent: (Kevin Schroeter		g address, if different)
Office Address:	9498 Woodleigh Mill Drive		
	Jacksonville		, Florida 32244
	(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.

(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.

A. DIRECTORS Christohper Conrad Stavroula Conrad Name: Chairman Name: □ Chairman 10 Walden Lane 10 Walden Lane □Vice Chairman □ Vice Chairman Address: Address: Fredericksburg, VA 22406 Fredericksburg, VA 22406 □ Director □ Director President □ President □Vice President ■ Vice President ■ Secretary Treasurer ☐ Secretary Treasurer : □Other _____ Other ____ □Other _____ □Other Nikitas Conrad □ Chairman ☐ Chairman Name: 10 Walden Lane □Vice Chairman Address: ☐ Vice Chairman Address: ___ Fredericksburg, VA 22406 □ Director □ Director ☐ President □ President ☐ Vice President □ Vice President □Treasurer ☐ Secretary ☐ Treasurer □ Secretary VP Emergency Ci □Other _____ □Other _____ Name: _____ □ Chairman □ Chairman Name: _____ □ Vice Chairman Address: _____ □Vice Chairman Address: □ Director Director □President □President □ Vice President ☐ Vice President ☐ Treasurer ☐ Secretary Treasurer □ Secretary □Other _____ □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. 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.

Stavroula Conrad, President

Commonwealth of Hinginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That NEOSYS CORPORATION is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on August 30, 1989:

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

December 12, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2023121219580705