F24000001257

(Req	uestor's Name))	
(Adda	ress)		
(Addı	ress)		
(City/	State/Zip/Phon	ne #)	
` ,	·	,	
PICK-UP	MAIT	MAIL	
(Busi	ness Entity Na	me)	
(Document Number)			
,	•	•	
Cartified Conjes	Certificate	e of Status	
Certified Copies Certificates of Status			
		····	
Special Instructions to Fi	ling Officer:		

Office Use Only



800421742298

01/16/24--01028--018 **78.75



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VIP Systems, Inc.	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busing	inding" and check are submitted to register the
Please return all correspondence concerning this matter	er to the following:
Eli A. Janik	-
Name of	f Person
Hanszen Laporte LLP	
Firm/Con	mpany
14201 Memorial Drive	
Add	ress
Houston, Texas 77079	
City/State	and Zip code
ejaniK@hanszenlaporte.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
i A. Janik at (713) 522-9444	
Name of Person Area Coo	le 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 \$78.75 Filing Fee & Certificate of Status	T OF STATE \$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.

y under the law of which it is incorporated)	(FEI number, if applie	
of incorporation)	(Date of duration, if other than	n perpetual)
(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liability)	~
		S COLL
		HASSEE
Edward Genin 3451 Executive Way	_	1:53
Miramar	, Florida ³³⁰²⁵	
nt's acceptance: d as registered agent and to accept service of application, I hereby accept the appointmen mply with the provisions of all statutes relations.	of process for the above stated co it as registered agent and agree to tive to the proper and complete pe	o act in this canacity. I
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ston Parkway N., Suite 405 Houston, Texas 770- (Principal office (Current mailing a address of Florida registered agent: (P.O. E Edward Genin 3451 Executive Way Miramar (City) at's acceptance: d as registered agent and to accept service of application, I hereby accept the appointment apply with the provisions of all statutes relations.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) ston Parkway N., Suite 405 Houston, Texas 77041 (Principal office street address) (Current mailing address, if different) address of Florida registered agent: (P.O. Box NOT acceptable) Edward Genin 3451 Executive Way Miramar , Florida 33025 (City) (City)

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 Edward Genin Alex Genin Chairman Chairman Name: 3451 Executive Way 3451 Executive Way □Vice Chairman Address: ☐Vice Chairman Miramar, Florida 33025 Miramar, FL 33025 **■**Director Director ☐ President □President ☐ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer ☐ Other _____ Other ____ □ Other □Other ___ □ Chairman Name: _____ □Chairman □Vice Chairman Address: _____ ☐Vice Chairman Address: □ Director □ Director ☐ President □President □Vice President _ ☐Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ Oother _____ 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 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. Edward Genin, Director

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for VIP Systems, Inc. (file number 804824559), a Domestic For-Profit Corporation, was filed in this office on November 18, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 05, 2024.



gene Helson

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services Document: 1320095600003