F24000001717

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

Office Use Only



400426312144

2024 MAR 27 PM 3:52

DISTINGTION AND TELE

D

RECEIVED

2024 HAR 27 PH 5: 48



 \triangle

MAR 27 2024 K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>03/27/2024</u>	-		**WALK IN**
ENTITY NAMECOSTAL	R TECHNOLOGIES, IN	C	
DOCUMENT NUMBER_			
	PLEASE FILE THE A	TTACHED AND RETURN	
	Plaix Copy		
XXXXXXXX	Certified Copy		
	Certificate of Status		
)	PLEASE OBTAIN THE FOLL	OWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & A		
	Certified Copy of Arts & A.	mendments Complete File (Inclading Annaal Report	(2)
	Certificate of Status		
	Certificate of Status Reflect	ing:	
	APOSTILLE' / NOT	TARIAL CERTIFICATION	
COUNTRY OF DESTINATION	'ON		
NUMBER OF CERTIFICAT			
TOTAL OWED \$ 78.75		ACCOUNT # 120140000108 United Corporate Services, Inc. Services or concerns. Thank you so mu	Hepparl
Please call Tina at the	e above number for any i	issues or concerns. Th ank yoa so mu	ich!

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.

	orporation; must include "INCO orp," "Inc," "Co," or "Corp.")	RPORATE	D," "COMPANY," "CORPORATION,"		
	s.p. me, es, s. sup.,				
(If name unavails	able in Florida, enter alternate eq	orporate nan	ne adopted for the purpose of transacting bus	siness in Florida)	
DELAWARE		•	3. 04-3351937 (FEI number, if applica	,	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
February 20, 19	97		5		
(Date of incorporation) 5.		(Date of duration, if other than p	(Date of duration, if other than perpetual)		
			s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)		
101 Wrangler Dri	ve Suite 201, Coppell, TX 7501	9			
			office street address)		
<u>-</u> .					
	(Current mai	ling address, if different)	2	
Name and stree	t address of Florida registere	d agent: (P	P.O. Box NOT acceptable)	024 t	
Name:	United Corporate Services, In		<u></u> ,	2024 HAR 27	ì.,
	3458 Lakeshore Drive		 	27	-,
fice Address:	Tallahassee			PH !	•
	(City)	 	, Florida 32312 (Zip code)	ى. -	
	(eny)		(Zip code)	æ	
	ent's acceptance:	accent see	vice of process for the above stated corp	noration at the n	lace
signated in this	application, I hereby accept	the appoin	tment as registered agent and agree to	act in this capaci	ity.
	omply with the provisions of with and accept the obligati		relative to the proper and complete per position as registered agent.	rformance of my	dut
,		.,., ,	· · · · · · · · · · · · · · · · · · ·		
	Michael A. E	Barr	President		
-					

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						
☐ Chairman	YOUNGDAL KIM	☐ Chairman	Name:			
□Vice Chairman	Address:	☐Vice Chairman	Address:			
Director	Coppell, TX 75019	■ Director	Coppell, TX 75019			
President		President				
☐Vice President		☐ Vice President				
Secretary	☐ Treasurer	Secretary	[]Treasurer			
Other	Other	Other	Other			
□ Chairman	Jae Heon Jeong	□ Chairman	Name:			
□Vice Chairman	101 Wrangler Drive Suite 201 Address:	□Vice Chairman	Address:			
■ Director	Coppell, TX 75019	Director	Coppell, TX 75019			
☐ 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	☐ Treasurer	Secretary	☐1'reasurer			
□Other	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.						
12. 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.						
Scott Switzer, President (Typed or printed name and expacity of person signing application)						
	() has at heremore coming only on horse	· · · · · · · · · · · · · · · · · · ·	,			

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COSTAR TECHNOLOGIES, 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-SIXTH DAY OF MARCH, A.D.

2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COSTAR TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 1997.

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

Authentication: 203111762

Date: 03-26-24

2719703 8300 SR# 20241167529