

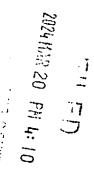
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T. LEMIEUX

COVER LETTER *

	O: Registration Section Division of Corporations			
SUBJEC	CT: DATA BASED DEVELOPM	MENT SYSTEM	S, INC	
BODGE	Name	of corporation	- must include suffix	
Dear Sir	or Madam:			
"Certifica	osed "Application by Foreign Coate of Existence," or "Certificate erenced foreign corporation to t	of Good Stand	ding" and check are su	
Please re	turn all correspondence concern	ing this matter	to the following:	
TAX DEF	PARTMENT			
		Name of I	Person	
DATA BA	ASED DEVELOPMENT SYSTEM	is, inc		
		Firm/Com	pany	
337 SPAR	TANGREEN BLVD			
		Addre	SS	
DUNCAN	I, SC 29334			
		City/State ar	nd Zip code	
DBDSTA	Х@НКАА.СОМ			
	E-mail addres	s: (to be used f	or future annual report	notification)
For furthe	er information concerning this n	natter, please c	all:	
MONICA	HUGHEY	864 at (Daytime Tele	
1	Name of Person	Area Code	Daytime Tele	phone Number
R D T 2	TREET/COURIER ADDREST Legistration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 816 Callahassee, FL 32303		MAILING A Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27
Please mal	is a check for the following ame se check payable to: FLORIDA D Filing Fee	EPARTMENT 1g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, 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.

(If name unavail CONNECTICU	able in Florida, enter alternate corporate name		g business in Florida)
		06-1202737	
05/14/1007	y under the law of which it is incorporated)	(FEI number, if app	•
(Date	of incorporation) 5.	(D-161	
06/01/2018	of incorporation)	(Date of duration, if other th	nan perpetuar)
-	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501 REEN BLVD DUNCAN, SC 29334	n Florida, if prior to registration) 502, F.S., to determine penalty liabilit	у)
- SI AKTANG			
O BOX 860 DU	JNCAN, SC 29334	ice <u>street</u> address)	20241
	(Current mailir	ng address, if different)	
Name and <u>stree</u> Name:	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	11.ED
ice Address:	115 NORTH CALHOUN ST STE 4		3. He of the second sec
	TALLAHASSEE	, Florida 32301 (Zip code)	
	(City)	(Zip code)	
ving been nam ignated in this ther agree to c	ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appointn omply with the provisions of all statutes r with and accept the obligations of my po	ce of process for the above stated nent as registered agent and agre elative to the proper and complete	e to act in this capacity

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS				
□Chairman	Name: JAMES MARVIN ANDERSON	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	DUNCAN, SC 29334	□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	C]Treasurer
CEO CEO	Other	Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	□Secretary	C	□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	Ε	Treasurer
□Other	Other	Other		Other
Important Notice; Use an attachment to poort more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index var. 11.2 vour 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.

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, March 11, 2024 11:42 AM

Certificate Number: C-00123958

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

Business Details

Business Name	DATA BASED DEVELOPMENT SYSTEMS, INC.
Business ALEI	US-CT.BER:0200779
Formation Date	05/14/1987

Secretary of the State

Business ALEI: US-CT.BER:0200779

Note: To verify this certificate, visit Business.ct.gov