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COVER LETTER

TO:	•	tion Section of Corporations					
SUBJ	FCT· Pi	ecision Computer Services.	Inc.				
., () ()	·	Name c	of corporation	- must	include suffix	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Dear S	ir or Mad	in i:					
"Certif	ficate of E	pplication by Foreign Co xistence," or "Certificate I foreign corporation to tr	of Good Stan	ding" a	nd check are subn		
Please	return all	correspondence concerni	ng this matter	to the f	following:		
Jennife	r Atkinson						
			Name of I	Person			
Precisio	on Comput	er Services, Inc.					
			Firm/Com	pany			
175 Co	nstitution l	Boulevard South					2
			Addre	SS			 221
Sheltor	a, CT 0648	4					
			City/State ar	nd Zip c	code	·	2022 1167 26
act(a.pr	ecisiongro						P
		E-mail address	; (to be used f	or futur	e annual report no	otification)	<u></u>
For fur	ther infor	nation concerning this m	atter, please c	all:			8
Jennite	r Atkinson		203	954-	0220		
	Name o	f Person	Area Code	_/ :	0220 Daytime Teleph	one Number	
	Registra Division The Cen 2415 N.	I/COURIER ADDRESS tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303			MAILING AT Registration Se Division of Co P.O. Box 6327 Tallahassee, F1	rection rporations	
Please i		eck for the following amo payable to: FLORIDA DF Fee \$78.75 Filing Certificate o	PARTMENT g Fee &	\$78.7	ATE 5 Filing Fee & ied Copy	S87.50 Filing Certificate of Certified Cop	f Status &

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.	Precision Comp	uter Services, Inc.								
		orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"							
	PCS Precision Computer Services, Inc.									
	(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business	in Florida)						
2.	Connecticut	3	06-1277350							
	(State or count)	y under the law of which it is incorporated)	(FEI number, if applicable)							
4	August 2, 1989	5								
	(Date	of incorporation)	(Date of duration, if other than perpe	tual)						
6.										
		(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)							
7	175 Constitution	Boulevard South, Shelton, CT 06484		2						
			ice <u>street</u> address)	2822 hi.Y 20						
		(Current mailir	ng address, if different)	26						
8.	Name and street	e <u>t address</u> of Florida registered agent: (P.C). Box NOT acceptable)	70						
	Name:	InCorp Services, Inc.								
Ó	ffice Address:	17888 67th Court North	<u></u>	Ü						
		Loxahatchee	, Florida 33470							
		(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.

Courtney Wehrman on behalf of InCorp Services, Inc.

(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 Irene FitzSimons □Chairman Name: Name: _____ □ Chairman 175 Constitution Blvd South Address: _ □ Vice Chairman Address: Shelton, CT 06484 □ Director Director ■ President □President □Vice President □Vice President ☐ Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ ☐Other _____ Michael FitzSimons □ Chairman Name: □ Chairman Name: 175 Constitution Blvd South Address: □ Vice Chairman □Vice Chairman Address: Shelton, CT 06484 □ Director □Director □President □President ■ Vice President ☐ Vice President Secretary Treasurer □ Secretary □Treasurer DOther _____ □Other _____ □Other _____ □Chairman Name: ______ □Chairman □Vice Chairman Address: _____ Address: □Vice Chairman □Director □ Director □President □President □Vice President _____ □Vice President **E**Secretary □ Secretary ☐ Treasurer □Treasurer □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. 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. Michael FitzSimons, Vice-President

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: May 20, 2022

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	PRECISION COMPUTER SERVICES, INC.
Business ALEI	US-CT.BER:0236822
Formation Date	08/02/1989

Secretary of the State

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Business ALEI: US-CT.BER:0236822 Note: To verify this certificate, visit Business.ct.gov

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Certificate Number: C-00046537