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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

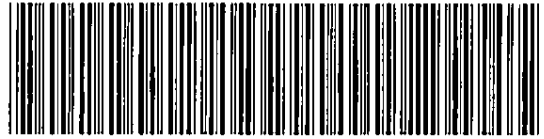
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# SEBALY SHILLITO + DYER

A LEGAL PROFESSIONAL ASSOCIATION

220 E. MONUMENT AVE., SUITE 500  
DAYTON, OHIO 45402  
PH: 937-222-2500  
FX: 937-222-6554

Catherine M. Barnes, Ext. 3043  
cbarnes@ssdlaw.com  
937-222-2500

December 16, 2024

*Via FedEx*

Registration Section  
Florida Division of Corporations  
The Centre of Tallahassee  
2514 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Niobium Microsystems, Inc.  
Application for Qualification

Dear Registration Section:

Enclosed I the referenced application, along with the required Certificate of Existence and filing fee. Please return the file-stamped document to me in the enclosed Fedex envelope.

Should you have any questions, please contact the undersigned.

Thank you!

Sincerely,



Catherine M. Barnes  
Corporate Paralegal

Enclosures

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NIOBIUM MICROSYSTEMS, INC.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CATHERINE M. BARNES

\_\_\_\_\_  
Name of Person

SEBALY SHILLITO + DYER

\_\_\_\_\_  
Firm/Company

220 E. MONUMENT AVE., SUITE 500

\_\_\_\_\_  
Address

DAYTON, OHIO 45402

\_\_\_\_\_  
City/State and Zip code

MATT.FARRELL@NIOBIUMMICROSYSTEMS.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHY BARNES

at ( 937 ) 222-2500

\_\_\_\_\_  
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 OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 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.

1. NIOBIUM MICROSYSTEMS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 86-2681226
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 1, 2021 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 444 E. SECOND STREET, SUITE 250, DAYTON, OHIO 45402
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301
(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.

Alicia Irizarry

Alicia Irizarry, Assistant Secretary

(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.

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

A. DIRECTORS

Chairman Name: KEVIN YODER

Vice Chairman Address: 444 E. SECOND ST., STE. 250

Director DAYTON, OHIO 45402

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: DANIEL BOYER

Vice Chairman Address: 444 E. SECOND ST., STE. 250

Director DAYTON, OHIO 45402

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: MARK YUSKO

Vice Chairman Address: 444 E. SECOND ST., STE 250

Director DAYTON, OHIO 45402

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: MATTHEW FARRELL

Vice Chairman Address: 444 E. SECOND ST., STE. 250

Director DAYTON, OHIO 45402

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other COO  Other \_\_\_\_\_

Chairman Name: SHANE WALL

Vice Chairman Address: 444 E. SECOND ST., STE. 250

Director DAYTON, OHIO 45402

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

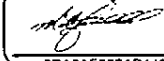
President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

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.  \_\_\_\_\_  
3DA3AE303AD1498 .. 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.

13. MATTHEW FARRELL, CHIEF OPERATING OFFICER  
 (Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NIOBIUM MICROSYSTEMS, 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 THIRD DAY OF OCTOBER, 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 "NIOBIUM MICROSYSTEMS, INC." WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D. 2021.

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



5315124 8300

SR# 20243854734

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204545017

Date: 10-03-24