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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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JIVISION OF CORPORATIONS
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COVER LETTER

TO:		Filing Section of Cor				
SUBJ	ECT:	Nexte	ep Business S	Solut	ions IV, Inc.	
			Name of co	rporatio	on - must include suffix	
Dear S	ir or M	adam:				
"Certif	ficate of	f Existenc		ood Sta	r Authorization to Transa anding" and check are sub ness in Florida.	
		all corresp Vicon	ondence concerning th	is matte	er to the following:	
			1	Vame o	f Person	
Nex	tep	Busin	ess Solutions	IV, I	nc.	
				irm/Co	mpany	
180	0 N.	Inters	state Drive			
				Add	ress	
Nor	man	<u>, OK 7</u>	73072	<u> </u>		
				y/State	and Zip code	
talco	on@r	nextep		· · · · · · · · · · · · · · · · · · ·		
			E-mail address: (to	be used	for future annual report	notification)
For fur	rther inf	ormation	concerning this matter	, please	call:	
Trac	cie A	dcon		405	, 292-1428	
		of Perso			Code & Daytime Teleph	one Number
Factor	New I Divisi Clifto 2661 I Tallah	Filing Section of Corn Building Executive lassee, FL	porations } Center Circle		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
).00 Fili		\$78.75 Filing Fee Certificate of Sta		S78.75 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.

Enter name of co	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORATION,"		
(If name unavails	ble in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Flori	da)	
Texas		82-0551223		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
6/26/02		perpetual		
(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
	nterstate Drive Norman, (Principal office a terstate Drive Norman, Ol	ddress) < 73072	AUS 29 AH D	
	(Current mailing a	ddress)	10	
Name and <u>stree</u> Name:	et address of Florida registered agent: (I Capitol Corporate Services		•	
ffice Address:	155 Office Plaza Dr. Su	ite A		
	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.

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.

1]. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Brian E. Fayak	
Address: 1800 N. Interstate Drive	
Norman, OK 73072	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Thomas A. Shehan	
Address: 1800 N. Interstate Drive	
Norman, OK 73072	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addengum to the application listing additional officers and/or directors.	
12	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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.	3
Thomas A. Shehan President/CEO	

(Typed or printed name and capacity of person signing application)

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



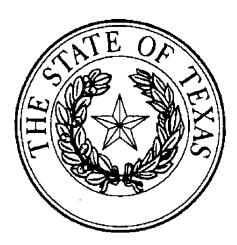
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Nextep Business Solutions IV, Inc. (file number 800098089), a Domestic For-Profit Corporation, was filed in this office on June 26, 2002.

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 August 12, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Document: 560470790002

Phone: (512) 463-5555 Prepared by: SOS-WEB