Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (\$50)617-6383

From:

Account Name : Blumberg/excelsion Corporate Service Account Number : 0753500003E3 Fhone : (800)221-2972

Fax Number : (917)243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleaset\*\* annual report mailings. Enter only one email address pleaset\*\*

Email Address:\_

### FOREIGN PROFIT/NONPROFIT CORPORATION

GOAL BASED INVESTORS, INCORPORATED

| 0       |
|---------|
| 03      |
| \$70.00 |
|         |

S. FRANKLIN FEB 1 5 2022

## \*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.

|                                  | rrperation, must include "THCORPORATED.<br>orp," "Inc," "Co," or "Corp.")   | " "COMPANY," "CORPORATION,"  |              |         |
|----------------------------------|---|--|--------------|---------|
| (If name unavaila                | bie in Florida, enter alternate corporate name                              | adopted for the purpose of transacting bus                                       | uness in Flo | orida)  |
| DELAWARE                         | 3   | 83-3475629   |              |         |
|                                  | under the law of which it is incorporated)                                  | (FEI number, if application  | ble)         |         |
| 02/06/2019                       | 5.  | Perpetual  |              |         |
|                                  | of incorporation)   | (Date of duration, if other than   | perpetual)   | 2027    |
|                                  |   | n Florida, if prior to registration)<br>502, FS, to determine penalty liability) |              | 1 11 83 |
| 12 GREENWAY                      | (Princi<br>PLAZA SUITE 1100 HOUSTON TX 77046                                | pal office address)  |              | H 4: 3  |
|                                  | (Current maili  | ng address, if different)  | ;***         | 8       |
| . Name and <u>stree</u><br>Name: | t address of Florida registered agent: (P.) Registered Agent Solutions, Inc | O. Box <u>NOT</u> acceptable)  |              |         |
| Mice Address:                    | 155 Office Plaza Drive, Suite A   |  |              |         |
|                                  | Tallahassee   | 32301<br>, Florida   |              |         |
|                                  | (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.

Jose Włojica Asst. Sel (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. Names and business addresses of officers and/or directors: A. DIRECTORS CHARLES CASTILLE III Chairman. 118 Avallach Drive Lafaveue, LA 70503 Address Vice Chairman. Address. Address \_\_\_ Director B. OFFICERS CHARLES CASTILLE III President. 118 Avallach Drive Lafayette, LA 70503 Address. \_\_\_ Vice President. Address. Secretary: Address. Treasurer \_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

CHARLES CASTILLE III- PRESIDENT

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GOAL BASED INVESTORS, INCORPORATED" 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 TENTH DAY OF FEBRUARY, A.D.

2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOAL BASED INVESTORS, INCORPORATED" WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE.

BEEN PAID TO DATE.

Authentication: 202625256

Date: 02-10-22

7270684 8300 SR# 20220448190