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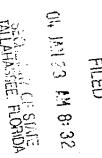
(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
LIGHTOF WAR
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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F04-478

TRANSMITTAL LETTER

PO: Registration Section Division of Corporations	
SUBJECT: 1X T So	ation - must include suffix)
(Name of corpor	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida", to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
LYLE BEASLEY (Name	
IXT Solutions,	/nc. /Company)
(Firm.	(Company)
2020 Lindell	tre
Nashville, To	Address) 37203
(City/St	ate and Zip code)
For further information concerning this matter, plea	se call;
Lyle Beasley at (6) (Name of Person) (A)	~ C)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee Secretificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 16, 2004

LYLE BEASLEY 2020 LINDELL AVENUE NASHVILLE, TN 37203

SUBJECT: IXT SOLUTIONS, INC. Ref. Number: W04000002255

We have received your document for IXT SOLUTIONS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

The document must have original signatures.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (\$\vec{850}\) 245-6020.

Tammi Cline Document Specialist

Letter Number: 504A00003075

TRANSMITTAL LETTER

TO: Registration Section Division of Corporation	rations		
SUBJECT:	IXT So	lutions, Inc.	•
	(Name of corpor	ation - must include suffix)	
Dear Sir or Madam:			
	and check are submitted	for Authorization to Transactoregister the above reference	
Please return all correspon	dence concerning this ma	tter to the following:	
1415	BEASLEY		
	BEASLEY (Name	e of Person)	
IXT	Solutions	/nc. (Company)	
	(Firm/	(Company)	
2020	Lindell 1	tre	····
a / 1	· (1 7	.ddress)	
Nash	ville, In	37203	
	City/Sta	ate and Zip code)	
For further information co	ncerning this matter plea	ca call·	AHA AH
rot turtuet information co	ncerimig this matter, preas	SC Can.	FILEI
Lyle Bear	5/en at 161	5) 620-498 ea Code & Daytime Telepho	77 🚆 🛢 🖰
(Name of Person)) (Ar	ea Code & Daytime Telepho	one Number
			10A 32
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns
Enclosed is a check for the	e following amount:		
\$70.00 Filing Fee	3 \$78.75 Filing Fee & Certificate of Status	☐ \$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.
1. IXT Solutions Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Corp.")
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 FNNESSEE 3. 62-1846346
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. TEB 22 2001 5. PERIOD Year corp. will cease to exist or "perpetual")
6. LIPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2020 Lindell Ave. Nashuille In 37203
(Principal office address)
SAME (2020 Lindell Ave Nashulle TN 37203)
(Current mailing address)
8. PROVISION OF DOCUMENT CREATION & DEZIVERY SCRUICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box of Mail Drop Box NOT acceptable)
Name: AMANDA FARNSIJBETH SS & O
Office Address: 603 LONGBOAT CLUB PD
LONG BOAT KEY, Florida 34228
(City) (Zip code)
10. 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.
amarda Farniworth

11. 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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A DIRECTORS
Chairman: Lyle Beasley
Address: 900 South Wilson Blud
Nashville, In 37203
Vice Chairman: Robert Rolfe
Address: 4424 Georgian Pl
Nashville, Tn 37215
Director:Craig Hodges
Address: 2057 Stokes LA
Nashville In 37215
Director: John Eakin
Address: 520 Jackson Blud
Nashville, In 37205
B. OFFICERS
President: Craia Hodges CEO: Lyle Beasley
Address: 2057 Stokes Ln 900 S Wilson Blud
Mashville Tr Nashville Tr 37215
Vice Provident: Dai Blog 150 C
Address: 105 Lancelot Ln
Franklin Tn. 37064
Secretary: Robert Rolfe
Address: 4424 Goorgian Pl 37215
Treasurer: Lyle Beasley
Address: 900 5 Wilson Blud 37215
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)
14. LYCE BEASLEY CED IXT Solutions Inc.
(Typed or printed name and capacity of person signing application)

Secretary of State **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

TO: LYLE BEASLEY 2020 LINDELL AVE NASHVILLE, TN 37203 ISSUANCE DATE: 01/07/2004 REQUEST NUMBER: 04007530 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 02/22/2001 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0403811 JURISDICTION: TENNESSEE

REQUESTED BY: LYLE BEASLEY 2020 LINDELL AVE

NASHVILLE, TN 37203

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "IXT SOLUTIONS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 01/07/04

FROM: IXT SOLUTIONS 2020 LINDELL AVE

NASHVILLE, TN 37203-0000

FEES \$20.00 RECEIVED:

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00003401919 ACCOUNT NUMBER: 00405656



RILEY C. DARNELL SECRETARY OF STATE