F12000000127

(Re	equestor's Name)
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Centificate	es of Status
Special Instructions to	Filing Officer	

Office Use Only



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RECFIVED





November 22, 2021

CSC

Please give original submission date as file date

SUBJECT: MBA TECHNOLOGIES, INC.

Ref. Number: F12000000127

We have received your document for MBA TECHNOLOGIES, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

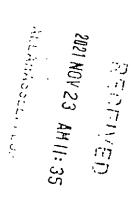
Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 921A00028270



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 250895 7624439

AUTHORIZATION

COST LIMIT : (/\$, 43.79

ORDER DATE: November 16, 2021

ORDER TIME : 2:45 PM

ORDER NO. : 250895-010

CUSTOMER NO: 7624439

FOREIGN FILINGS

NAME: MBA TECHNOLOGIES, INC.

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

	ent Section Division of Corporate BA Technolog	gies, Inc.	
DOCUMENT NU	E42000000	e of Corporation 127	
	endment and fee are submitted for	_	
Please return all co	prrespondence concerning this ma	atter to the following:	
Wesley	C. Carlton		
	Name of Contact Person		
Loss Ma	nagement Solu	tions, Inc.	
	Firm/Company		
395 W.	State Hwy 114	, Ste 200	
	Address		
Southla	ake, TX 7609	2	
	City/State and Zip Code		
wcarlto	n@Lossms.c	com	
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	tion concerning this matter, plea	se call:	
Wesley		$_{at}$ 817 354-	8700
Name	of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check	for the following amount:		
□\$35 Filing Fee	■ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F12000000127

MBA Technologies, Inc.	1.01.0
(Name of corporation as it appears	s on the records of the Department of State)
Texas	January 10, 2012
(Incorporated under laws of)	(Date authorized to do business in Florida)
	ECTION II THE APPLICABLE CHANGES)
If the amendment changes the name of the corporation, when was incorporation? March 21, 2012	·
Loss Management Solutions, Inc.	2021
(Name of corporation after the amendment, adding suffix "corporation on the contained in new name of the corporation) (If new name is unavailable in Florida, enter alternate corporate in the corporation i	oration," "company," or "incorporated," or appropriate abbreviation.
If the amendment changes the period of duration, indicate n	그 그
N/A	TETT OF
(Ne	w duration)
If the amendment changes the jurisdiction of incorporation, N/A	indicate new jurisdiction.
(N'ew	jurisdiction)
If the amendment changes the jurisdiction of organization, indic	ate new jurisdiction:

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Pres.	Wesley C. Carlton	395 W. State Hwy 114, Ste 200	■Ađd
		Southlake, TX 76092	□Remove
Director	Wesley C. Carlton	395 W. State Hwy 114, Ste 200	■Add
		Southlake, TX 76092	□Remove
VP	Nancy Leo	395 W. State Hwy 114, Ste 200	■Add
		Southlake, TX 76092	
 -			□Add
			©Remove
			DAdd
Attached is a co	ertificate or document of similar amount	evidencino the annudant such site.	□Remove
of the application under the laws of	on to the Department of State, by the Second which it is incorporated.	evidencing the amendment, authenticated not relary of State or otherofficial having custody o	more than 90 days prior to footporate records in the juri
	(Signature of a dire	ector, president or other officer - if in the hands court appointed fiduciary, by that fiduciary)	sof
Wesley C. Ca	arlton	President	

FILING FEE \$35.00

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

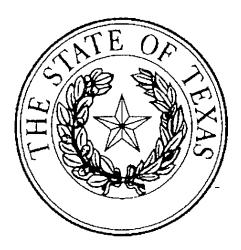


Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on March 21, 2012, MBA Technologies, Inc., a Domestic For-Profit Corporation (file number 800069593), changed its name to Loss Management Solutions, Inc.

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 November 17, 2021.

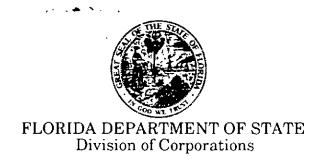


John B. Scott Secretary of State

Y	PLEAS	SE READ AUL IN	SIRVCT	TONS BEFORE	COMPLE	TING THIS FORM.
	ORPORATION INSTATEMENT	FLORI	DA DEPAR Secreta	RTMENT OF STATE ry of State corporations		70167
	oration Name	2000000127 A Technologies, Inc.				 100377050797
•	ipal Office Address - No P.C E. Euless Blvd.		g Office Addre			
	Suite, Apt. #, etc. Suite, Apt. #.		#, etc	#. etc		CP2E061 (11/10) porporated or Qualified
-	City & State City & State Euless, Texas Arlington, T.				5. FEI Nurr 42-1537	
Zip 76040	Country	JSA Zip 7601:	2	Country USA	6	Not Applicable AFE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
	7. Name i	and Address of Current Re	distered Agen	t	1	
Name Cor	poration Service Comp	pany	<u> </u>			
Street Ac	dress (P.O. Box Number is I 11 Hays Street	Not Acceptable)		-	-	
Suite, Ap	t.#, Etc.			·	1	20
City Tal	lahassee			State 32301 Code	1	21 80
8. I, bein	g appointed the registered a	gent of the above named con	poration, am la	amiliar with and accept the o	bligations of sec	ction 607,0505 or 617,0503, F.S.
Signature Registered	af	Eylino	BUNC	•	-	ώ [−] <
		REGIŠTEREDA		SIGN		Date
9. Nema	s and Street Addresses of E	ach Officer and/or Director (F	londa nonprof	it corporations must list at le	ast 3 directors)	1.9 "
Titles	Naı	me of d/or Directors		Street Address of Each Officer and/or Director		City / State / Zip
P/D	Wesley C. Carlton		395 W. S	ate Hwy. 114, Ste 200		Southlake, Texas 76092
VP	Nancy Leo		305 14/ 0	Into Huar 114 Sto 200		

9. Nem		ector (Florida nonprofit corporations must list at least 3 dire	
Titles	Name of Officers and for Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D 	Wesley C. Carlton	395 W. State Hwy. 114, Ste 200	Southlake, Texas 76092
VP	Nancy Leo	395 W. State Hwy. 114, Ste 200	Southlake, Texas 76092
			
			V Blilices
			NOV 2 2021

) (To be used for future annual report notification)		
I certify that I am an officer or director or the receiver groupdes empowered to execute this application as provided for in chapter or reinstatement application, the reason for dissolution has been elemented, the corporate name satisfies the requirements of section must be the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree SIGNATURE: X Wesley C. Carlton, Presiden	n 607,0401 or 617,0401, i signature shall have the se felony as provided for i	F.S., and that all fees
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Davime Phone 4



November 22, 2021

CSC

SUBJECT: MBA TECHNOLOGIES, INC.

Ref. Number: F12000000127

Pléase give original submission date as file date.

We have received your document for MBA TECHNOLOGIES, INC. and the authorization to debit your account in the amount of \$1950.00. However, the document has not been filed and is being returned for the following:

The reinstatement fee is \$1950 for this entity. Please authorized the full amount.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 121A00028270

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 250895 7624439

AUTHORIZATION : Spelle Blenda

COST LIMIT : & 1950.00

ORDER DATE : November 16, 2021

ORDER TIME : 2:42 PM

ORDER NO. : 250895-005

CUSTOMER NO: 7624439

<u>REINSTATEMENT</u>

NAME: MBA TECHNOLOGIES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF COOR CTAN

__ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS

\$ 1950.00