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	(Address)
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COVER LETTER

TO:		ion Secti of Corpo					
OYID I	v	•	nium Finance Inc	.			
SUBJ	ECT:		Name	of corpera	tion - mu	st include suffix	
Dear S	Sir or Mad	am:		•			
"Certi	ficate of E	xistence,		e of Good	Standing	and check are subm	Business in Florida," aitted to register the
Please	return all	correspo	ndence concern	ing this m	atter to th	e following:	
Carol 1	Manson						
			- 	Narne	of Perso	n	
Autom	ated Install	ment Syst	ems				
	=14.0.10			Firm/0	Company	**************************************	
955 E	ecutive Par	kway Sui	e 216				
				A	ddress	· · · · · · · · · · · · · · · · · · ·	
St. Lo	uis, MO 63	41					
				City/Sta	te and Zi	p code	
cmans	on@autom	tedinstall					
			E-mail addres	s: (to be us	ed for fu	ture annual report no	tification)
For fu	rther infor	mation co	ncerning this n	natter, plea	se call:		
Carol 1	Manson			314	. 5	76-0007	
	Name o	f Person	······	Area	Code	Daytime Telepho	one Number
	Registra Division Clifton I 2661 Ex	tion Secti of Corpo Building	enter Circle	SS:		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclos	sed is a ch	ck for th	e following am	ount:			
57 (0.00 Filing	Fee	□ \$78.75 Filin Certificate			3.75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status &

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.

"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")			
Vertex Premiun	Finance			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busi	ness in Florida)	
Texas 2	3.	81-4646676		
(State or country under the law of which it is incorporated) 11/10/2016		(FEI number, if applicable)		
(Date N/A 5	of incorporation)	(Date of duration, if other than p	erpetual)	
955 Executive Pa	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 rkway Suite 216, St. Louis, MO 63141	Fiorida, if prior to registration) 02, F.S., to determine penalty liability)		
		al office address)		
955 Executive Pa	rkway Suite 216, St. Louis, MO 63141			
3. Name and stree	(Current mailing et address of Florida registered agent: (P.O	g address, if different) D. Box NOT acceptable)		
	James Hannon			
Name:		* * *		
Name:	9500 Koger Blvd N, Suite 102			
	9500 Koger Blvd N, Suite 102 St. Petersburg (City)	, Florida33702	四个 c	

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.

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

A. DIRECTORS

Chairman			
Address:			
Vice.Chai	irman:		
Address:			
Director:	Brian Silva		
Address:	34641 Grantham College Dr. Suite #2		
	Slidell, LA 70460		
Director:	Anthony Silva		
Address:	14500 Ranch Road 12 Suite #7		
	Wimberley, TX 78676	يَنْ مَنْ الْمُ	
B. OFF	ICERS	1,	17 /
President:	Brian Silva	35 - 38 - 60 -	78 70
Address:	34641 Grantham College Dr. Suite #2	171	C)
. 1441055	Slidell, LA 70460	L.C.	E 17
Vice Pres	ident:	<u> </u>	204
Address:		<u>,, </u>	
Secretary:	Brian Silva		•
Address:	34641 Grantham College Dr. Suite #2, Slidell, LA 70460		
Treasurer	Anthony Silva		**************************************
Address:	14500 Ranch Road 12 Suite #7, Wimberley, TX 78676		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or	r directo	nrs
12		· uncono	,,,,,
	Signature of Director or Officer		
are true a	per or director signing this document (and who is listed in number 11 above) affirms that the fand that he or she is aware that false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S.	acts state	ted herein constitutes
13	Baseau Stan Propriet		
•	(Typed or printed name and capacity of person signing application)		



Rolando B. Pablos Secretary of State

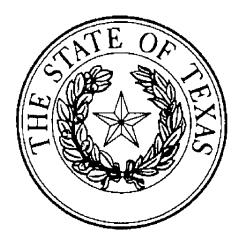
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Vertex Premium Finance Inc. (file number 802580774), a Domestic For-Profit Corporation, was filed in this office on November 10, 2016.

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 March 10, 2017.



RR

Rolando B. Pablos Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 721200340002

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