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2017 MAR 29 A II: 57 SECRETARY OF STATE

> n Bruce NAR 30 2017

#### **COVER LETTER**

TO:	Registration Section Division of Corporations							
	WeKenect, Inc.							
SUBJ	ECT:							
		me of	corporatio	n - r	nust include suffix			
Dear S	ir or Madam:							
"Certi		icate o	f Good Sta	ndi	nthorization to Transact Busine ng" and check are submitted to in Florida.			
	return all correspondence con Manukyan	cerning	g this matte	r to	the following:			
Lega	linc Corporate Services	inc.	Name of	Per	rson			_
5850	Granite Pkwy., Suite 2	.15	Firm/Cor	npa	ny	•••		· <del></del>
			Addr	ess				
Pland	o, TX 75024					SEC	2017	
mario	poole@wekenect.com		City/State a		·	AHAS	HAR 2	
	E-mail add	dress: (	to be used	for	future annual report notification	n)m=~	-0	_  1
For fu	ther information concerning th					OF ST.	A =	C
Anna	Manukyan	at	844	)	2860178	ATE RIDA	l⊧: 5¬	
	Name of Person		Area Coo	ie ′	Daytime Telephone Nun	ıber	_	
	STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314			
Enclos	ed is a check for the following	amour	nt:					
<b>⊠</b> \$70	0.00 Filing Fee	_			Certified Copy Cer	.50 Filin	of Statu	ıs &

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

WeKenect, 3	Inc.	ACT BUSINESS IN THE STATE OF I	
	orporation; must include "INCORPORA orp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATIC	, м, "
Delaware	•	name adopted for the purpose of transact	_
2/16/2017		3	
(Date	of incorporation)	5(Date of duration, if other	er than perpetual)
	(SEE SECTIONS 607.1501 & et Street, Jacksonville, FL	ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liabi 32202  Principal office address)	ility)
		,	
8. Name and <u>stree</u> Name:	(Current et address of Florida registered agent Mario Poole	mailing address, if different) : (P.O. Box NOT acceptable)	2011 HAR 29 A SECRETARY OF TALLAHASSEE, FI
Office Address:	25 N. Market Street		E PL
	Jacksonville	32202 , Florida	II: 5: STATE ORIDA
	(City)	(Zip code)	)A
Having been nam designated in this further agree to c	application, I hereby accept the appomply with the provisions of all state	t service of process for the above state cointment as registered agent and agutes relative to the proper and compions of my position as registered age.	rree to act in this capacity. lete performance of my

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 (SEE ATTACHED) Chairman: Address: \_\_\_\_\_ Vice Chairman: Address: Vincent Wallace Director: 25 N. Market Street, Jacksonville, FL 32202 Address: Mario Poole Director: 25 N. Market Street, Jacksonville, FL 32202 Address: B. OFFICERS CEO/ Vincent Wallace President: 25 N. Market Street, Jacksonville, FL 32202 Address: \_\_\_\_ CIO Jason Hartin Vice President: 25 N. Market Street, Jacksonville, FL 32202 Address: Secretary: Address: \_ Mario Poole CFO/ Treasurer: 25 N. Market Street, Jacksonville, FL 32202

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.

Mario Poole, CFO/Treasurer/Director 13. \_\_\_\_\_

### Addendum to Application by Foreign Corporation for Authorization to Transact Business in Florida

Director: Jason Hartin

Address: 25 N. Market Street, Jacksonville, FL 32202

HAR 29 A II:

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WEKENECT, INC." 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 NINTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202170305

Date: 03-09-17

6318147 8300 SR# 20171690513

You may verify this certificate online at corp.delaware.gov/authver.shtml