

(Requestor's Name)				
(Address)				
(Address)				
(1.23.335)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Cashiota Zhan, Isanio,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.				

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FILED
2011 MAY -9 PM 12: 51
SECRETARY OF STATE
SECR

M. MILLIGAN
MAY ~ 9 2017

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ECT:	TST/I	npreso,	Inc.
	· · · · · · · · · · · · · · · · · · ·		- must include suffix	
Dear S	ir or Madam:			
"Certi	ficate of Existence	on by Foreign Corporation for e," or "Certificate of Good Star n corporation to transact busine	nding" and check are sub-	
Please	return all corresp		hie Person	
		TST/Impr Firm/Con 652 Sou Addr	th western	n Blvd
<u> </u>	Box ST	City/State a	ell, TX nd Zip code ST I M f for future annual report n	75019 0 $RESO, COM$ otification)
For fu	rther information	concerning this matter, please	call:	
Ta	Name of Person	huel at (977) Area Coo	Daytime Teleph	00 × 7. 11 1 7
Englos	Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle	MAILING Al Registration Se Division of Co P.O. Box 6327 Tallahassee, F.	ection rporations
	0.00 Filing Fee	ū	\$78.75 Filing Fee & Certified Copy	\$87.50 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. (Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION." "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. (State or country under the law of which it is incorporated)

(FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address:

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: Marshall Sorokwasz 35 1/4
Address: 652 South Western Blvd Fig. 3
Coppell, TX 75019
Vice Chairman:
Address:
Director: Jefferg Boren Address: Same
Address: Same
Director: Mark Sorokwasz
Address:
<u>Saml</u>
B. OFFICERS
President: Jeffery Boren
Address: 652 Southwestern Blvd, Coppell, TX
75019
Vice President: Mark Sorokwasz
Address: Same
Secretary: Susan Atkins
Address: Same
Treasurer: Marshall Sovo Kuuasz
Address: Same
NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or directors.
12. X Mehry conferred
Signature of Director or Officer The officer or director signing this document (and who is listed in number 1 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. 13
(Typed or printed name and capacity of person signing application)

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



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 TST/Impreso, Inc. (file number 802518361), a Domestic For-Profit Corporation, was filed in this office on August 11, 2016.

It is further certified that the entity status in Texas is in existence.

WILLIAM -9 PM 2: 58
SECRETARY OF SIGNER
SECRETARY OF SIGNER

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.





Rolando B. Pablos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 721097860003