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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AGS Scientific, Inc. Name of corporation - mu	est include suffix
Hame of corporation and	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	and check are submitted to register the
Please return all correspondence concerning this matter to the	he following:
Jason Gray	
Name of Person	on
AGS Scientific, Inc.	
Firm/Company	y
12135 State Hwy 30	
Address	
College Station, TX 77845	
City/State and Z	Lip code
jgray@agssci.com	
E-mail address: (to be used for I	uture annual report notification)
For further information concerning this matter, please call:	
Jason Gray at (979).	320-0052 ext 255
Name of Person Area Code	Daytime Telephone Number
	j
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
Est Divido Limitar de la dividir de la Companya de	78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	Inc.	-		
prove arms of c	orporation, must include "INCORPOR! orp." "loc." "Co." or "Corp.")	ATED," "CON	APANY," "CURPORATION,"	
(If come unever	able in Florida, enter alternate corporate	t name adopted	for the purpose of transacting but	siness in Florida)
Delaware				, l'
	ry under the law of which it is incorpora	3, <u>33-107</u>	(FEI number, if applica	<u> </u>
. August 5, 2003	•		transma, n applica	ATI
	e of incorporation)	5. <u>N/A</u>	ID. CA	
	· Promoner's		(Date of duration, if other than	perpetual) !
N/A	(Put Committee			
	(SEE SECTIONS 607 150) &	Maces to Florida	a, if prior to registration) to determine penalty liability))
17136 Carren		1 007.1304, F.S	to occermine penalty (nability)	
14133 200 HW	y 30, College Station, TX 77845			<u> </u>
1611 -		(Principal office	e address)	7 1104-
1311 Texas Ave	S #270. College Station, TX 77840			
	(Curren	n mailing addre	ess, if different)	Ī
Name and stre	rt address of Florida registered agen	it: (P.O. Box	NOT acceptable)	만 2
Name:	Mohini Dewkinandan		• ,	17.7
fice Address:	1720 Harbor View Circle	·		
	Weston		Flacida 2227	
	(City)	·	Florida 33327 (Zip code)	·
Perfetand	- A3 -		(mp code)	ļ
we been some	nt's acceptance:			ļ
guated in this	ed as registered agent and to accept application, I hereby accept the an	u service of p	rocess for the above stated co	poration at the pl
ter agree to co	MDIV with the provisions of all ma	pomonosti <u>u</u>	regulered agent and agree to	act in this capaci
	willian with and account to the	iones resigning	to the proper and complete position as registered agent.	rformance of my
s, and I am fa	mum mun una accept ine obileat	TORS OF REV DO	NUMB Of Profession	

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:		l	l
A. DIRECTORS			
Chairman: Jason Grav			_
Address: 4406 Regal Oaks Drive			
College Station, TX 77845	 		1
Vice Chairman: Matt Abeeglen	<u> </u> 		+
Address: 594 Acorn St	1		-
Giddings, TX 78942	<u> </u>		<u> </u>
Director: Tracy Smith	<u> </u>		
Address: 8421 CR 109	<u> </u>		
Iola, TX 77861	┼-		<u> </u>
Director:	 		-¦
Address:	1		_
	4		
B. OFFICERS	150	۱ سر	``
President: Jason Grav	<u>i\</u>	<u>'</u>	77
Address: 4406 Regal Oaks Drive		ر ب	Ť
College Station, TX 77845		 G	
Vice President: Matt Abegglen	-1		
Address: 594 Acom St	-	<u> </u>	
Giddings, TX 78942	-		
Secretary: Tracy Smith	<u> </u>		 -
Address: 8421 CR 109, Iola, TX 77861	<u> </u> -		
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dire	ctors	, I	
12. Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts are true and that he or she is aware that false information submitted in a document to the Department of Su a third degree felony as provided for in s.817.155, F.S.	stated ite co	l herei nstitu	in tes
13. <u>Jason Gray</u> (Typed or printed name and capacity of person signing application)		<u> </u>	
C+Abam at become and a first the fir		1	

Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "AGS SCIENTIFIC, 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 SEVENTEENTH DAY OF OCTOBER, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGS SCIENTIFIC, INC." WAS INCORPORATED ON THE FIFTH DAY OF AUGUST, A.D. 2003.

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

Authentication: 203414415

Date: 10-17-17

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SR# 20176662826