F190000002196

(Re	questor's Name)	
(Add	dress)	
		
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	-
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2019

LAVERNE SCZEPANSKI 5433 WESTHEIMER STE 500 HOUSTON, TX 77056

SUBJECT: TECHNIBUS, INC Ref. Number: W19000038465

We have received your document for TECHNIBUS, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 619A00007921

emaile Travis CT- 4/29

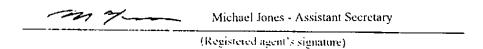
COVER LETTER

TO:	Registration Section Division of Corpor				
CLID	·	TECHNIB	US.	INC	
SUB	JECT:	Name of corporation	313 -	must include suffix	
Dear !	Sir or Madam;				
"Ccrti	ificate of Existence."	by Foreign Corporation for "Certificate of Good Starporation to transact busin	and	ing" and check are subt	t Business in Florida," mitted to register the
Please	e return all correspond	lence concerning this matt LAVERNES			
		Name o	ıf Pu	erson	
		TECHNIBU	S. E	NC.	
		Firm/Co	ımp:	any	
		5433 WEST	нег	MER STE 500)
		Ado	lres:	<u> </u>	<u> </u>
		HOUSTON	TN	77056	
		City/State		•	
		E-mail address: (to be used	d fo	r future annual report n	otification)
For fu	irther information cor	ocerning this matter, please	ea ca	И:	
LAVI	RNU SCZEPANSKI	713 at (860-1501	
	Name of Person	Area Co		Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32361			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclo	sed is a check for the	following amount:			
₽ \$7	0.00 Filing Fee — Z	1 878,75 Filing Fee & Certificate of Status		\$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. TECHNIBUS, INC. 1. (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) DE 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) _____ 5. ____ (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEI: SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 5433 WESTHEIMR STE 500 HOUSTON TX 77056 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Office Address: PLANTATION ______ . Florida _____ 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.



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 Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS MICHAEL RICE President:	
Address: 800 NAVE RD SE	
MASSILLON OF 44646	
TRACY MCLAUCHLIN Vice President:	2
5433 WESTFINIER STE 500 HOUSTON TX 77056	
Address:	1 19 1
SEAN SUTTMAN	
Secretary:	÷
Address:TRACY MCLAUCHEN	79
Treasurer. 5433 WESTEIMER STE 500 HOUSTON TX 77056	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) are true and that he or she is aware that faise information submitted in a document to a third degree felony as provided for in \$ \$17.155, F.S.	affirms that the facts stated herein the Department of State constitutes
TRACY MCLAUCHTIN AP, CTC TREASURER	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TECHNIBUS, 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 SEVENTH DAY OF MARCH, A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TECHNIBUS, INC."

WAS INCORPORATED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2008.

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

TO STATE OF THE ST

Authentication: 202394326

Date: 03-07-19