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6/14/2019

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COVER LETTER

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SUBJ	ECT:	TouchNe	Unform	ation Systems, I	nc.						
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Dear S	ir or M	iadam:									
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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						
Enclos	sed is a	check for	the fol	lowing amount	T :						
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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.

1. TouchNet Information Systems, Inc.

By:

(If name unavaila	ble in Florida, enter alternate cor	orate name adopted for the purpose o	f transacting business in Florida)
Kansas		3. 48-1072951	
(State or countr	y under the law of which it is inco	porated) (FEI nu	mber, if applicable)
05/19/1989		5. Perpetual	
(Date	of incorporation)	(Date of duration	on, if other than perpetual)
Upon Qualificat			
IA Glenlake Park		d business in Florida, if prior to regist 01 & 607.1502, F.S., to determine pe	
same	vay, itoliii Towor, Attaina, Cox 5	(Principal office address)	SSEE, FI
same	(C	irrent mailing address, if different)	PR 4: 32
Name and street	t address of Florida registered	agent: (P.O. Box NOT acceptable	e)
Name:	C T Corporation System		
	1200 South Pine Island Road		
fice Address:	Plantation	, Florida 33324	
fice Address:	i tuttutton		ode)
fice Address:	(City)	(Zip co	
aving been nan signated in this rther agree to c	(City) ent's acceptance: ed as registered agent and to application, I hereby accept to omply with the provisions of to	eccept service of process for the a ne appointment as registered age. Il statutes relative to the proper a ligations of my position as regist	bove stated corporation at the pi nt and agree to act in this capaci nd complete performance of my ered agent.
Registered ag aving been nan signated in this rther agree to c	(City) ent's acceptance: ed as registered agent and to application, I hereby accept to omply with the provisions of to	eccept service of process for the a ne appointment as registered age. If statutes relative to the proper a ligations of my position as regist Al	bove stated corporation at the pi nt and agree to act in this capaci nd complete 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 ATTACHMENT	
Chairman:	···
Address:	_
Vice Chairman:	
Address:	
Director:	
Address:	20
EC ARR	2019
Director:	<u> </u>
Address:	20
	₹ []
	 32
President: Adam McDonald	
Address: 15520 College Blvd.	
Lenexa, KS 66219	
Vice President:	
Address:	-, -, -
Secretary: David L. Green	
Address: 3550 Lenox Road N.E., Suite 3000, Atlanta, GA 30328	
Treasurer: Cameron Bready	
Address: 3550 Lenox Road N.E., Suite 3000, Atlanta, GA 30328	
NOTE: If necessary, you may attach an addendum to the application listing additional 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) affirms that the fare true and that he or she is aware that false information submitted in a document to the Department of a third degree felony as provided for in s.817.155, F.S.	acts stated herein of State constitutes
13. David L. Green, Secretary	
(Typed or printed name and capacity of person signing application)	

Attachment to Florida Officers & Directors

1 Full Name: David L. Green Officer/Director: Officer,Director

Officer's Title: Secretary
Director's Title: Director

Business Address: 3550 Lenox Road N.E., Suite 3000,

City: Atlanta State: GA ZIP Code: 30328

FERFTARY OF STA

STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 1688456

Entity Name: TOUCHNET INFORMATION SYSTEMS, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: THE CORPORATION COMPANY, INC.

Registered Office: 112 SW 7TH STREET SUITE 3C, TOPEKA, KS 66603

was filed in this office on May 19, 1989, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of June 14, 2019

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1105746 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.