Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500

: (800) 432-3622 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION CAPITOL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

K. SALY

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Capitol Services, Inc.				
Name of corporation - must include suffix				
Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following:				
			Name of	Person
			Capitol Services - Corporate Filings Team	
Firm/Con	npany			
515 East Park Avenue 2nd FI				
Addr	CSS .			
Tallahassee, FL 32301	and Zip code			
•	mu 2:p code			
regagent@capitolservices.com E-mail address: (to be used	for future annual report notification)			
For further information concerning this matter, please	call:			
at (855) 498 - 5500			
Name of Person Area Coo				
STREET/COURIER ADDRESS:	MAILING ADDRESS: Amendment Section			
Amendment Section Division of Corporations	Division of Corporations			
The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303	P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy			

TILEU

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. Capitol Servi	ces, Inc.	NADANO " "CYNDUODATTON "		
(Enter name of cor	rporation; must include "INCORPORATED," "Cop," "Inc," "Co," or "Corp.")	MITANI, CONTORATION,		
Capitol Servi	ces Texas, Inc.	The state of the s		
(If name unavaila)	ole in Florida, enter alternate corporate name adopt	ed for the purpose of transacting business in Florida)		
2. Texas	under the law of which it is incorporated)	(FEI number, if applicable)		
(State or country				
4. April 24, 197	5	(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, it other than perpetual)		
6. January 1, 2	020	(1. (Fusion to mediatration)		
	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, I	7.S., to determine penalty liability)		
7 206 E. 9th S	t., Suite 1300, Austin, TX 78701		<u>.</u>	
/	(Principal of	fice address)	1	
P.O. Box 18	31, Austin, TX 78767		J.H.	
(Current mailing address, if different)				
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				
Namo:	Capitol Corporate Services, Inc.	NOT acceptable)	1:2:	
007 411	515 East Park Avenue 2nd Fl	. <u> </u>		
Office Address:		-		
	Tallahassee	_ , Florida 32301		
	(City)	(Zip code)		
9. Registered ago	ent's acceptance:	Consequences for the above stated corneration at the	nlace	
the state of the state of	anniousium I berehv accept the appointmen	of process for the above stated corporation at the as registered agent and agree to act in this cape	iciiy	
firstly accept 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.				
	12 A	Krista Abair, Asst. Secretary on b	ehalf	
	dell.	of Capitol Corporate Services, Inc.		
(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:	
Address:	
Vice Chairman:	<u></u>
Address:	
71001058.	
Director: John Robinson	
Addiess: P.O. Box 1831	
Austin, TX 78767	
Director: Cheryl Roberts	
Address: P.O. Box 1831	
Austin, TX 78767	
B. OFFICERS	
President: John Robinson	
Address: P.O. Box 1831	
Austin, TX 78767	
Vice President: Cheryl Roberts	
Address: P.O. Box 1831	
Austin, TX 78767	
recording: Jody Roberts	
Address: P.O. Box 1831, Austin, TX 78767	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the applic	cation listing additional officers and/or directors.
12. C/dd (Sal	r or Officer
The officer or director signing this document (and who is listed are true and that he or she is aware that false information submin third degree felony as provided for in s.817.155, F.S.	in number 1 above) affirms that the facts stated nercin
13. Jody Roberts, Vice President (Typed or printed name and capacity of	nerron signing application)
(Typed or printed name and capacity of	horaon signing appropriate.

(06/06) 01/09/2020 10:49260000093913 Ruth R. Hughs Secretary of State

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



Office of the Secretary of State

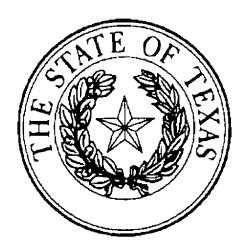
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for CAPITOL SERVICES, INC. (file number 43353500), a Domestic For-Profit Corporation, was filed in this office on April 24, 1978.

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



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 January 08, 2020.



Ruth R. Hughs Secretary of State