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COVER LETTER

TO: Registratio	n Section f Corporations				
SUBJECT: OPA	,				
3000ECT	Nan	ne of corporation	ı - must include su	ffix	
Dear Sir or Madam	1:				
"Certificate of Exis		ate of Good Star	nding" and check a	ransact Business in Florida," re-submitted to register the	
Please return all co	rrespondence conce	rning this matter	r to the following:		
Stephen Oliver					
		Name of	Person		
OPA Design Studio.	Inc.				
		Firm/Con	npany		
2028 E Ben White B	Blvd #240-7010				
		Addr	ess		
Austin, Texas 78741					
		City/State a	ind Zip code		
admin@designopa.c	om				
	E-mail addr	ess: (to be used	for future annual re	eport notification)	
For further informa	ntion concerning this	matter, please o	call:		
Trace Livengood		512 at (899-3100	899-3100 Daytime Telephone Number	
Name of P	Person	Area Cod	le Daytime	Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registra Division P.O. Bo	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
		DEPARTMENT	FOF STATE □ \$78.75 Filing Fo Certified Copy	re & \$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.

	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION."		
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting b	ousiness in Florida)	
Texas	3.			
(State or count)	y under the law of which it is incorporated)	(FEI number, it applicable)		
8/10/2009	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) . F.S., to determine penalty liability)		
7010 Easy Wind	Drive, Suite 200, Austin, Texas 78752			
·	(Principal office	street address)		
2028 E Ben Whi	te Blvd #240-7010, Austin, Texas 78741			
	(Current mailing a	ddress, if different)	- 54	
. Name and <u>stree</u>	<u>et address</u> of Florida registered agent: (P.O. F	Box <u>NOT</u> acceptable)	# 10 III	
Name:	Registered Agents Inc.	_	200 E	
Office Address:	7901 4th St N STE 300	_		
	St. Petersburg		in the second	
	(City)	(Zip code)		

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 Agents Inc.
Bill Havre - Assistant Secretary

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.

A. DIRÉCTORS				
□Chairman	Stephen Oliver Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
■ Director	Austin, Texas 78750	Director		
■President		□President		
□Vice President		□Vice President		
■ Secretary	■ Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	□Secretary		☐Treasurer ?
□Other	Other	□Other		□Other → → → → → → → → → → → → → → → → → → →
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		<u></u> 1+1
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
Other		□Other		□Other
	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director	ient of State Annual R	eport form.	urposes only, Non-indexed
	ector signing this document (and who is listed in numb- ialse information submitted in a document to the Depar	er II above) affirms t	hat the facts state	
Stephen OI	iver, Director			

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, Certificate of Formation for OPA DESIGN STUDIO, INC. (file number 801155845), a Domestic For-Profit Corporation, was filed in this office on August 10, 2009.

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 April 27, 2020.



Phone: (512) 463-5555

Ruth R. Hughs Secretary of State