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# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Conexsta, Inc.			
JOBALCI.	Name of corporation	on - must include suffix	
Dear Sir or Madam;			
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	ertificate of Good Sta	r Authorization to Transact Business in inding" and check are submitted to regis less in Florida.	Florida," ster the
Please return all correspondence	concerning this matte	er to the following:	
Byron Youngblood		, and the second	
	Name of	f Person	
Conexsta, Inc			
	Firm/Cor	mpany	<u> </u>
2703 Telecom Parkway, Suite 140-F	₹		
	Addi	ress	
Richardson, TX 75082			
	City/State :	and Zip code	
accounting@traverconnect.com			2070
E-mail	address: (to be used	for future annual report notification)	<del></del> -
For further information concerning	g this matter, please	call:	29
Mona Duke	972 at t	439-1182	<del></del>
Name of Person	Area Coc	le Daytime Telephone Number	<u> </u>
STREET/COURIER AI Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, S Tallahassec, FL 32303	٤	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	RIDA DEPARTMENT	□ \$78.75 Filing Fee & □ \$87.50 F	te of Status &

### 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.

Conexsta, Inc.			
(Enter name of "Inc.," "Co.," "o	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp,")	," "COMPANY," "CORPORATION,"	
(If name unava	ilable in Florida, enter alternate corporate name	adopted for the purpose of transacting basis	ness in Florida
2. Texas	If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  fexas  3. 45-3581116  (State or country under the law of which it is incorporated) (FEI number, if applicable)		
(Dat 6. 10-20-2020	e of incorporation)		rrpetual)
_ 2703 Telecom P		n Florida, if prior to registration) 502, F.S., to determine penalty hability)	
7	arkway, Suite 140, Richardson, TX 75082  (Principal off	ice street address)	
		www.xx	
<del></del>	(Current mailu	ng address, if different)	
v. Noussandans	and the state of t		
	et address of Florida registered agem: (P.C		
Name:	CT Corporation System 1200 South Pine Island	<del></del> _	
Office Address:	1200 South Pine Island	Rd	7.77
	Plantation (City)	Florida 32124	70200
	(City)	(Zip code)	20
9. Registered ag	ent's acceptance:		
further agree to c	ned as registered agent and to accept servi application, I hereby accept the appoints comply with the provisions of all statutes r with and accept the obligations of my po	vent as registered agent and agree to ac clative to the proper and complete perf	oration at the place
_		ee Zahner, Assistant Secretary	
	(Registered agent's si	gnature)	

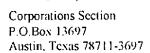
11. For initial indexing purposes, list names, titles and addresses of the primary officers and or directors [up to six (6) total]

under the law of which it is incorporated.

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

A. DIRECTORS					
□Chairinan	Name: John Traver	□Chairman	Name: Michael Coleman		
□Vice Chairman	Address: 1190 Smder Lane	□Vice Chairman	Address: 510 Addison Street		
□Director	Lucas, TX 75002	□Director	New Boston, TX 75576		
■ President		ElPresident			
□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		
□Chairman	Name	⊒Chairman	Name:		
□Vice Chairman	Address	□Vice Chairman	Address:		
□Director		□Director	26		
□President		□ President			
□Vice President		□Vice President	  		
□Secretary	[]Treasurer	□Secretary	□Treasurer :		
□Other	□Othet	□Other			
Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12.  Signature of Director or Officer					
The officer or director signing this document (and who is listed in number 11 above) affirms that the focus stated become are true and that he are					

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.





## 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 Conexsta, Inc. (file number 801479901), a Domestic For-Profit Corporation, was filed in this office on September 14, 2011.

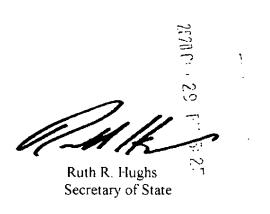
It is further certified that the entity status in Texas is in existence.

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 October 21, 2020.



Phone: (512) 463-5555

Prepared by: SOS-WEB



Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1003239060017

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