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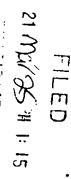
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MPTX Associates, Inc.			
Name of corporation	- must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standahove referenced foreign corporation to transact business	ding" and check are submitted to register the		
Please return all correspondence concerning this matter	to the following:		
Greg J. Wobbe, CFM			
Name of I	Person		
MPTX Associates, Inc.			
Firm/Com	pany		
P.O. Box 5677			
Addre	ess		
Kingwood, Texas 77325			
City/State ar	nd Zip code		
admin4@mptx-inc.com			
E-mail address: (to be used f	or future annual report notification)		
For further information concerning this matter, please co	all:		
Greg J. Wobbe, CFM at (512	at (512) 202-1360 Area Code Daytime Telephone Number		
Name of Person Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

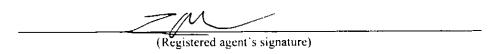
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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," "CORPORATIO	ON."		
(If name unavaila	able in Florida, enter alternate corporate name a	idopted for the purpose of transact	ing business in Florida		
Toyas		6-3771547			
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	(FEI number, if applicable)		
September 30, 2	013 5.				
(Date of incorporation)		(Date of duration, if other	(Date of duration, if other than perpetual)		
	_		<u> </u>		
•	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		ilite)		
4501 Magnolia C	ove Drive, Kingwood, Texas 77345	02, 1 .5., to determine penalty hab	,		
`		ce <u>street</u> address)	· · · · · · · · · · · · · · · · · · ·		
P.O Box 5677 Ki	ingwood, Texas 77325				
	(Current mailin	g address, if different)	· · · N		
. Name and stree	et address of Florida registered agent: (P.O	. Box NO1 acceptable)			
Name:	The Millhorn Law Firm	<u></u>			
office Address:	11294 North US Highway 301	<u></u>			
	Oxford	, Florida			
			് ഗ		

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.

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: P.O. Box 5677	□Vice Chairman	Address:				
□Director	Kingwood, Texas 77325	□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				
	Address:	□ Vice Chairman	Address.	· -			
□Director							
□President		□President					
□Vice President		□Vice President					
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer			
□Other		□Other		□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 facts stated herein are true and that he or							

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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Greg J. Wobbe, CFM, CEO, MPTX Associates, Inc.

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 MPTX Associates, Incorporated (file number 801859437), a Domestic For-Profit Corporation, was filed in this office on September 30, 2013.

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 25, 2021.



Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1022857660002