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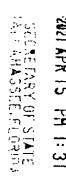
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## COVER LETTER

<b>TO:</b> Registration Section Division of Corporat	ions		
SUBJECT: KELLER ENT	ERPRISES NA. INC.		
SUBJECT.	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application b "Certificate of Existence," or above referenced foreign cor	"Certificate of Good Stand	ling" and check are submi	
Please return all corresponde	nce concerning this matter t	to the following:	
JOHN P. RILEY			
	Name of P	erson	
THE RILEY LAW FIRM, INC			199 <b>20</b>
	Firm/Comp	pany	nin i
1955 BABCOCK			388 787
	Addres	ss	
	City/State an	d Zip code	<u>Φ</u> Ξ Δ
SAN ANTONIO, TX 78229			
E-	mail address; (to be used for	or future annual report not	itication)
For further information conce	erning this matter, please ca	II:	
JOHN P. RILEY at (210 ) 771-9009			
Name of Person		Daytime Telephor	ie Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	cion orations
Enclosed is a check for the for Please make check payable to: I ☐ \$70.00 Filing Fee ☐	LORIDA DEPARTMENT (		\$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.

(State or country under the law of which it is incorporated)  2/12/2021  (Date of incorporation)  (Date of duration, if other than perpetual)  April 15, 2021  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hability)  (Principal office street address)  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents, Inc.  (Principal office street address)  (Principal office street address)  (Current mailing address, if different)  (P.O. Box NOT acceptable)  (P.O. Box NOT acceptable)		•	ed for the purpose of transacting business in Florida	
(Date of incorporation)  April 15, 2021  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hability)  (Principal office street address)  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents, Inc.	TEXAS	TEXAS 86-2543577		
(Date of incorporation)  (Date of duration, if other than perpetual)  April 15, 2021  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hability)  16811 West FM 2790 South, Lytle, TX 78052  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents, Inc.	(State or country under the law of which it	t is incorporated)	(FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hability)  16811 West FM 2790 South, Lytle, TX 78052  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents, Inc.  Tice Address: 7901 4th St. N. Soute 300	2/12/2021	5		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hability)  [6811 West FM 2790 South, Lytle, TX 78052  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents, Inc.	(Date of incorporation)		(Date of duration, if other than perpetual)	
(Current mailing address, if different)  Name: Registered Agents, Inc.  Registered Agents, Inc.  100  100  100  100  100  100  100  1	April 15, 2021			
(Principal office street address)  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents, Inc.				
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents, Inc.  Tice Address: 7901 4th St. N. Soite 300			is, to determine penany manney,	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents, Inc.  Street Address: 7901 4th St. N. Suite 300		(Principal office str	reet address)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kegistered Agents, Inc.  Street Address: 7901 4th St. N. Suite 300				
Name: Kegistered Agents, Inc.  100  100  100  100  100  100  100  1		(Current mailing add	fress, if different)	
Name: Registered Agents, Inc.  100 Address: 7901 4th St. N. Suite 300			35.5 3.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	
Name: Registered Agents, Inc. tice Address: 7901 4th St. N, Soite 300			X istor acceptaine)	
fice Address: 7901 4th St. N, Soite 300	Name Registered	Agents, Inc	?.	
tice Address: 1901 911) 37. 1V, Soite 300			204	
	9461117			
	tice Address: 7901 4771 S 5+. Pete	ersburg	. Florida .33.70.2	

#### 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 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.

A. DIRECTORS						
□Chairman	Name: ADAM KELLER	□Chairman	Name: Zachary Keller			
□Vice Chairman	Address: 16811 W FM 2790 S, Lytle, TX 780.52	⁻□Vice Chairman	Address: 16811 W FM 2790 S. Lytle, TX 7805-			
Director		Director				
President		□President				
□Vice President		□Vice President				
ClSccretary	□Treasurer	<b>■</b> 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	□Thear ≥ T			
ElOther	□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			
Important Notice ( individuals my be	ise an attachment to report more than six (6). The attach added to the miles when filing your Florida Department	ment will be imaged of State Annual Re	d for reporting purposes only. Non-indexed port form.			
12. Signature of Director or Officer						
	tor signing this document (and who is listed in number f lse information submitted in a document to the Departm					

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 Keller Enterprises NA, Inc. (file number 803938404), a Domestic For-Profit Corporation, was filed in this office on February 12, 2021.

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 March 01, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document; 1030943550002