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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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COVER LETTER

	tration Section				
SUBJECT:	Equabli, Inc.				
SUBJECT.		Name of corporat	on - mt	ist include suffix	
Dear Sir or M	adam:				
"Certificate of	f Existence," o	oy Foreign Corporation f r "Certificate of Good S rporation to transact bus	tanding	and check are subi	
Please return	all correspond	ence concerning this mat	ter to th	ne following:	
Meredith Walte	ers				
		Name	of Perso	n	
Cornerstone Su	ipport, Inc.				
		Firm/C	ompany	,	
70 Mansell Co	urt, Suite 250				
		Ad	dress		
Roswell, GA	80076				
		City/Stat	e and Z	p code	
mwalters@corn	nerstonesupport				
	Ĥ	-mail address: (to be use	d for fu	ture annual report n	otification)
For further in	formation cond	erning this matter, pleas	e call:		
Meredith Walte	ers	at (678	, 6) 680-6080 Daytime Telephone Number	
Name	e of Person	Area C	ode	Daytime Telepl	none 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	
	eck payable to:	ollowing amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified Copy	☐ \$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.

name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting b	usiness in Florida)		
iaware	3.	85-1549556			
	•	(FEI number, if applicable)			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	Austin, TX 78701 (Principal offi	ce <u>street</u> address)	·		
3	(Current mailin	g address, if different)			
ine and <u>su e</u> Name:	Corporation Service Company	r. Box MOT acceptable)			
1.00110.	1201.11				
•	1201 Hays Street				
•		Florida 32301	28		
e Address:		. Florida 32301 (Zip code)	7 28 PH		

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

A. DIRECTORS	i				
□ Chairman	Name: Cody Owens	■Chairman	Name: H19 Nueces St.		
□ Vice Chairman	Address: 119 Nueces St.	□ Vice Chairman			
☐ Director	Austin, TX 78701	Director	Austin, TX 78701		
President		President			
□Vice President		□ Vice President			
Secretary	☐ Treasurer	☐Secretary	■ Treasurer		
■ Other	□ □ Other □	Other	Other		
□Chairman	Name: Gerald Hogan	□ Chainnan	Name: James Black		
□ Vice Chairman	Address:	□Vice Chairman	Address: 119 Nueces St.		
Director	Austin, TX 78701	_ Director	Austin, TX 78701		
□ President		_			
□ Vice President		Dvice President			
☐ Secretary	□Treasurer	■ Secretary	Treasurer		
Other	Other	Other	Other		
□ Chairman	Name:		Name:		
	Address:		Address:		
□Director		_ □Dir ec tor			
]President		_ President			
IVice President	·	(I) Vice President			
Secretary	□Treasurer	□ Secretary	☐ Treasurer		
Other	DOther	Other	□Other		
moortant Notice: U	ise an attachment to report more than six (6). added to the index when filing your Florida D	The attachment will be imaged epartment of State Annual Rep	for reporting purposes only. Non-indexed out form.		
2.					
.817.155, F.S.	Signature of Di tor signing this document (and who is listed in se information submitted in a document to the - President/CEO	number 11 above) affirms that Department of State constitute	t the facts stated herein are true and that he or es a third degree felony as provided for in		
	(Typed or printed name and capacity	of person signing application)			

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EQUABLI, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EQUABLI, INC."

WAS INCORPORATED ON THE FIFTEENTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 203283985

Date: 05-25-21

3070434 8300 SR# 20212052521