# Fa100003980

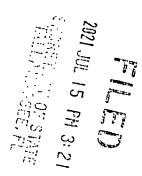
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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| Special Instructions to Filing Officer: |
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| (N3100008580)                           |

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MB/21



June 12, 2021

RONNIE J. ERDMAN 13601 PRESTON RD SUITE W1030 DALLAS, TX 75240

SUBJECT: AMTECH SOLUTIONS, INC.

Ref. Number: W21000085891

We have received your document for AMTECH SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 021A00013079

Yvette Scott Document Specialist II

www.sunbiz.org

### **COVER LETTER**

| TO: Registration Sec<br>Division of Corp   |  |   |  |  |
|--|--|---|--|--|
| SUBJECT: Amtech So   | dutions. Inc   |   |  |  |
| SUBJECT:   | Name of corporation  | - must include suffix                                 |  |  |
| Dear Sir or Madam:   |  |   |  |  |
| "Certificate of Existence  | on by Foreign Corporation for A ," or "Certificate of Good Stanc corporation to transact busines | ling" and check are subm                              | Business in Florida," itted to register the  |  |
| Please return all correspo   | ondence concerning this matter   | to the following:                                     |  |  |
| Ronnie J. Erdman Presiden  | .t   |   | 202  |  |
|  | Name of F  | erson   |  |  |
| Amtech Solutions, Inc  |  |   |  |  |
|  | Firm/Comp  | pany  |  |  |
| 13601 Preston Rd. Suite W  | 1030   |   |  |  |
|  | Addre  | SS  | 3: 2: FEET 2:  |  |
| Dallas, TX 75240   |  |   |  |  |
|  | City/State an  | d Zip code  |  |  |
| ronerdman@amtechsls.com  |  |   |  |  |
|  | E-mail address: (to be used for  | or future annual report not                           | tification)  |  |
| For further information c  | concerning this matter, please ca  | all:  |  |  |
| Ronnie J Erdman  | at ( <u>972</u>  | 690-6044  | (691)-(6()44   |  |
| Name of Person   |  | Daytime Telepho                                       | ne Number  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  | Registration Sec<br>Division of Corp<br>P.O. Box 6327 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  |
| Enclosed is a check for the Please make check payable ☐ \$70.00 Filing Fee   | to: FLORIDA DEPARTMENT   |   | S87,50 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.

| Amtech Florida  | Solutions, Inc  |  |                           |
|---|---|--|---------------------------|
| (If name unavail:   | able in Florida, enter alternate corporate name ad  | opted for the purpose of transac                                       | ting business in Florida) |
| Texas 3. (State or country under the law of which it is incorporated) |   | 81-1317539   |                           |
| (State or country under the law of which it is incorporated)          |   | (FEI number, if applicable)  |                           |
| 2/03/2016   | 5.  | _  |                           |
| (Date of incorporation) 5.  |   | (Date of duration, if other than perpetual)                            |                           |
| No business tarn  | sactions in the State of Florida prior to application   | en.  |                           |
|   | (Date first transacted business in F<br>(SEE SECTIONS 607.1501 & 607.1502<br>N. West Shore Blvd. # 200<br>(Principal office)<br>I Suite W1030 Dallas, TX 75240<br>(Current mailing)   | 2. F.S., to determine penalty liab<br>Tampa, Flurio<br>street address) |                           |
| 2202  | (SEE SECTIONS 607.1501 & 607.1502  N. West Shore Bivd. # 200  (Principal office)  1 Suite W1030 Dallas, TX 75240  | 2. F.S., to determine penalty liab<br>Tampa, Flurid                    |                           |
| <b>2332</b>   13601 Preston Re  | (SEE SECTIONS 607.1501 & 607.1502  N. West Shore Bivd. # 200  (Principal office)  1 Suite W1030 Dallas, TX 75240  | 2. F.S., to determine penalty liable Tampa, Flurio street address)     |                           |
| 13601 Preston Re  | (SEE SECTIONS 607.1501 & 607.1502  N. West Shore Bivd. # 200 (Principal office)  1 Suite W1030 Dallas, TX 75240  (Current mailing)  | 2. F.S., to determine penalty liable Tampa, Flurio street address)     | 1a 33607                  |
| 13601 Preston Ro  | (SEE SECTIONS 607.1501 & 607.1502  N. West Shore Bivd. # 200 (Principal office 1 Suite W1030 Dallas, TX 75240  (Current mailing the address of Florida registered agent: (P.O.  | 2. F.S., to determine penalty liable Tampa, Flurio street address)     | 1a 33607                  |
| Name and street   | (SEE SECTIONS 607.1501 & 607.1502  N. West Shore Blvd. # 200 (Principal office d Suite W1030 Dallas, TX 75240  (Current mailing)  et address of Florida registered agent: (P.O. Ronnie Erdman)  2202 N. West Shore Blvd. #200 | 2. F.S., to determine penalty liable Tampa, Flurio street address)     |                           |

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.

(Registered agent's signature)

| A. DIRECTORS  |                          |                  |                    |  |  |  |
|---|--------------------------|------------------|--------------------|--|--|--|
| □Chairman   | Name:                    | □ Chairman       | Steven Grant Name: |  |  |  |
| □Vice Chairman  | Address:                 | □Vice Chairman   | Address:           |  |  |  |
| □Director   | Pottsboro, TX 75076      | Director         | Frisco, TX 75034   |  |  |  |
| ■President  |                          | □President       |                    |  |  |  |
| □Vice President   |                          | ■ Vice President |                    |  |  |  |
| □Secretary  | □Treasurer               | □Secretary       | ☐Treasurer         |  |  |  |
| □Other  | □Other                   | □Other           | Other              |  |  |  |
| □Chairman   | Name:                    | □Chairman        | Name:              |  |  |  |
| ⊒Vice Chaiπnan  | Address:                 | □Vice Chairman   | Address:           |  |  |  |
| □Director   |                          | □Director        |                    |  |  |  |
| □President  |                          | □President       |                    |  |  |  |
| □Vice President   |                          | □Vice President  |                    |  |  |  |
| □Secretary  | □Treasurer               | □Secretary       | □ Treasurer        |  |  |  |
| □Other  | Other                    | □Other           | ○□Other □          |  |  |  |
|   |                          |                  | 25 50              |  |  |  |
| □Chairman   | Name:                    | □Chairman        | Name:              |  |  |  |
| □Vice Chairman  | Address:                 | □Vice Chairman   | Address:           |  |  |  |
| □Director   |                          | □Director        |                    |  |  |  |
| □President  |                          | □Presidem        |                    |  |  |  |
| □Vice President   |                          | □Vice President  |                    |  |  |  |
| □Secretary  | □Treasurer               | □ Secretary      | ☐Treasurer         |  |  |  |
| □Other  | 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-liberida Department of State Annual Report form.  12.  Signature of Director or Officer  |                          |                  |                    |  |  |  |
| 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 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.  Ronnie J. Erdman President |                          |                  |                    |  |  |  |

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 Amtech Solutions, Incorporated. (file number 802384508), a Domestic For-Profit Corporation, was filed in this office on February 03, 2016.

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 hereometic Seal of State at my office in Austin, Texas on May 19-2021.

THE OKAS

Ruth R. Hughs Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 1052526610003

Phone: (512) 463-5555 Prepared by: SOS-WEB