

F21000004450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

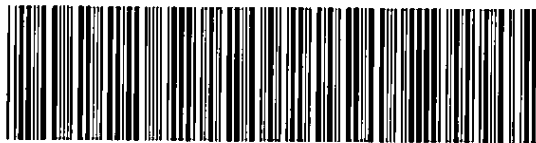
(Business Entity Name)

(Document Number)

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- CERTIFIED COPY** _____
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1. **RAILPROS FIELD SERVICES, INC.**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

File and

SPECIAL INSTRUCTIONS:



August 4, 2021

To Whom It May Concern:

RailPros Field Services, Inc., a corporation formed in the State of California will not revoke the dissolution filing once processed by the State of Florida.

Best regards,

A handwritten signature in cursive script, appearing to read 'Stuart P. Hall'.

Stuart P. Hall, CPA GCMA MSIE/OR
RailPros Field Services, Inc.
Treasurer/Chief Financial Officer/Secretary

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.

1. RAILPROS FIELD SERVICES, INC.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TEXAS 3. 26-3661520
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/01/2015 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. _____
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1320 GREENWAY DRIVE, SUITE 490, IRVING, TX 75038
 (Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENT SOLUTIONS, INC.
 Office Address: 155 OFFICE PLAZA DR. SUITE A
TALLAHASSE . Florida 32301
 (City) (Zip code)

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 TALLAHASSEE, FLORIDA

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.



Adam Saldana, Asst. Secretary

(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.

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

A. DIRECTORS

Chairman Name: Kendall Koff
 Vice Chairman Address: 1320 GREENWAY DRIVE
 Director SUITE 490
 President IRVING, TX 75038
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Stuart Hall
 Vice Chairman Address: 1320 GREENWAY DRIVE
 Director SUITE 490
 President IRVING, TX 75038
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____


Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 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 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. HALL, STUART - Treasurer
 (Typed or printed name and capacity of person signing application)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for RAILPROS FIELD SERVICES, INC. (file number 802118612), a Domestic For-Profit Corporation, was filed in this office on December 12, 2014.

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

Delayed Effective date: January 01, 2015

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 July 19, 2021.



A handwritten signature in black ink, appearing to read "Jose A. Esparza".

Jose A. Esparza
Deputy Secretary of State



August 4, 2021

To Whom It May Concern:

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Best regards,

A handwritten signature in cursive script, appearing to read 'Stuart P. Hall'.

Stuart P. Hall, CPA GCMA MSIE/OR
RailPros Field Services, Inc.
Treasurer/Chief Financial Officer/Secretary