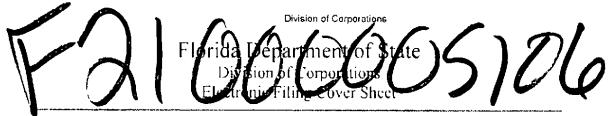
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION

NexPoint Securities, Inc.

UZI SEP -2 65 3: 11 GLANDANI CLAMILA LI AHASSEL FLORIDA

Certificate of Status	0
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4

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.

·	CURITIES, INC.				
(Enter name of c	corporation; must include "INCORPORATE	ED," "COMPANY," "CORPORATION	·- >		
"Inc.," "Co.," "C	orp," "lnc," "Co," or "Corp.")				
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting	thusiness in Florida)		
2 Delaware		3. 80-0826860			
(State or counts	ry under the law of which it is incorporated)	(FEI number, if applicable)			
4. 06/14/2012		5. Perpetual			
(Date	e of incorporation)		(Date of duration, if other than perpetual)		
5 Upon Qualifica	tion				
		ss in Florida, if prior to registration)			
	(SEE SECTIONS 607.1501 & 60	17.1502, F.S., to determine penalty liabilit	y)		
7. 300 CRESCENT	CT. STE 700. DALLAS, TX 75201				
	(Pri	ncipal office address)			
same					
	(Current m	ailing address, if different)	5 23		
			三 二	e werd of	
8. Name and street	<u>et address</u> of Florida registered agent: (P.O. Box NOT acceptable)	STP STP	1 5	
Name:	C T Corporation System			-	
		·····		177	
Office Address:	1200 South Pine Island Road		MM E		
	Plantation	, Florida <u>33324</u>	AM IO: 11		
	(City)	(Zip code)			
) Dogistanad na	ant's accountance.				
	ent's acceptance: ied as registered agent and to accept se	ervice of process for the above stated	l corporation at the	place	
lesignated in this	application, I hereby accept the appo	intment as registered agent and agra	ee to act in this capa	city.	
	comply with the provisions of all statute familiar with and accept the obligation			ii.	
iuies, unu 1 um j	ammar with and accept the obligation	is oj my position as registerea agent.			
	C.T Corporation System	Studia Jugat			
	By:	Smar (1.9			
		red 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.

From: Ranae McGraw

To: +18506176383 Page: 4 of 6 2021-09-02 13:06:23 CST 19542080845 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ERIC HOLT Address: 300 CRESCENT CT, \$TE 700 DALLAS, TX 75201 Vice Chairman: Address: Address: _____ Address: ____ B. OFFICERS SEE ATTACHMENT President: DUSTIN NORRIS Address: 300 CRESCENT CT, STE 700 DALLAS, TX 75201 Vice President: _____ Address: Secretary: BRIAN MITTS Address: 300 CRESCENT CT, STE 700, DALLAS, TX 75201 Treasurer: FRANK WATERHOUSE Address: 300 CRESCENT CT, STE 700, DALLAS, TX 75201 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. ERIC HOLT, Chainnan

To: +18506176383

Page: 5 of 6 2021

2021-09-02 13:06:23 CST

19542080845 From. Ranae McGraw

Attachment to Florida Officers & Directors

1 Full Name: ERIC HOLT Officer/Director: Officer, Director

Officer's Title: CCO
Director's Title: Director

Business Address: 300 CRESCENT CT, STE 700

City: DALLAS State: TX ZIP Code: 75201

2 Full Name: BRIAN GRAIME

Officer/Director: Officer

Officer's Title: VP OF INSURANCE PRODUCTS

Director's Title:

Business Address: 300 CRESCENT CT, STE 700

City: DALLAS State: TX ZIP Code: 75201



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NEXPOINT SECURITIES, 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 THIRTIETH DAY OF AUGUST, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204042259

Date: 08-30-21