# F2100006530

(Requestor's Name)						
(Address)						
(Address)						
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(Business Entity Name)						
(Document Number)						
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### **COVER LETTER**

TO:	Registration Section Division of Corpo			
SUBJ	ECT: TransferMes	lnc.		
., 013.,		Name of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence."	n by Foreign Corporation for or "Certificate of Good Stan torporation to transact busine	iding" and check are sub-	rt Business in Florida." mitted to register the
Please	return all correspon	idence concerning this matter	to the following:	
Robert	t Hock			
	-	Name of	Person	
Transf	erMex			
		Firm/Con	npany	
120 Sł	noreline Dr.			
		Addre	ess	
Bastro	p TX 78602			
		City/State a	nd Zip code	
rhock(	@transfermex.com			
		E-mail address: (to be used )	for future annual report n	otification)
For fu	rther information co	ncerning this matter, please o	call:	
Robert	t Hock	at (512 ) 9633611  Area Code Daytime Telephone Number		
	Name of Person	Area Cod	e 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	
Please	• -	o: FLORIDA DEPARTMENT	*OF STATE  378.75 Filing Fee & Certified Copy	☐ \$87.50 Filling 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.

1. TransferMex In	c			
	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED," "C	OMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate na	me adop	oted for the purpose of transacting business in Florida	
2. TEXAS		3	.2002902	
(State or country under the law of which it is incorpora		)	(FIII number, if applicable)	
4. July 13, 2020		5.		
(Date	of incorporation)	• •	(Date of duration, if other than perpetual)	
6.			2	
7	. Bastrop TX 78602 (Principal	office <u>st</u>	F.S., to determine penalty liability)	
	(Current ma	ailing add	Idress, if different)	
8. Name and <u>stree</u>	et address of Florida registered agent: (	P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	Robert Hock		<del>rot</del>	
Office Address:	9800 West Suburban Dr.		_	
	Pinecrest		_ , Florida	
	(City)		(Zip code)	

#### 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 Nume: □ Chairman Name: \_\_\_\_\_\_ □ Chairman □ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_\_ □Director □Director Robert Hock President □ President □ Vice President □ Vice President ☐ Treasurer □Treasurer □ Secretary □ Secretary □Other\_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_ \_\_ \_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □Chairman Name: \_\_ \_\_\_\_ □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □President □President \_\_\_\_ □Vice President \_\_\_\_\_ □ Vice President □ Treasurer □ Secretary □ Treasurer □ Secretary □Other □Other □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_\_ ☐ Chairman Name: \_\_\_\_\_ ☐ Chairman □ Vice Chairman Address; \_\_\_\_\_ □ Vice Chairman Address: □Director □Director □President □President □ 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 tiling four Florida Department of State Annual Report form. 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 o 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. Robert Hock

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



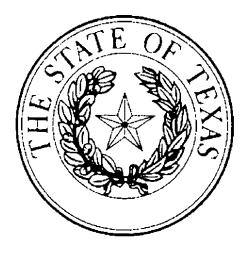
## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TRANSFERMEX, INC. (file number 803685626), a Domestic For-Profit Corporation, was filed in this office on July 13, 2020.

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 November 03, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709