

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	<u>_</u>
PICK-UP WAIT	MAIL
(Business Entity Name)	
(2-2-110-20-2-110)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
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2021 NOV 29 AM 10: 27

APPROVED AND FILED

TENNE BONDHIME

NOV 30 2021

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

FROM

To Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST_DATE: 11/2	9/2021
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PRIORITY Regular Approval

OUR REF # (Order ID#) 972828

ORDER ENTITY PASSTUR, INC.

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PASSTUR, INC. (FL)

File the attached foreign qualification document

NOTES:	~			_		 	_
\$70.00 Authorized							
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Email address for annual report reminders: Shawn.Linan@unisearch.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, November 29, 2021 Page 1 of 1

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.

PASSTUR, INC	· ·		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATIO	N."
(If name unavails	able in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)
DELAWARE			
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
6-1-2021	5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
	(Date first transacted business in F	lorida, if prior to registration)	· ·
2006 AEDBERTA	(SEE SECTIONS 607.1501 & 607.150)	2, F.S., to determine penalty habit	uty)
,	ST. AUBREY, TEXAS 76227 (Principal office	etwant mildram)	
	(тистра отнес	street address)	
	(Current mailing	address, if different)	202
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. NRAI SERVICES, INC.	Box <u>NOT</u> acceptable)	2021 NOV 29 SECRETARY C
Office Address:	1200 SOUTH PINE ISLAND ROAD		AH 10: 1:11:00:
	PLANTATION	, Florida 33324); 27
	(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.

Jannifer Tasevoli - Jennifer Tasevoli - Assistant 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.

A. DIRECTORS ALEXANDER BROMAGE Name: □ Chairman □ Chairman Name: 3908 VERBENA ST. □Vice Chairman Address: □Vice Chairman Address: AUBREY, TEXAS 76227 ■Director □Director □ President □ President □ Vice President □Vice President □Treasurer □Treasurer **■**Secretary □ Secretary ■Other CFO ■Other CEO □Other _____ □ Other _____ □ Chairman □ Chairman □Vice Chairman Address: _____ □ Vice Chairman Address: □Director □Director □ President □President □ Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman □ Chairman Name: _____ Name: □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 filing your 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 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.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PASSTUR, 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-FOURTH DAY OF NOVEMBER, A.D. 2021.

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

WAS INCORPORATED ON THE FIRST DAY OF JUNE, A.D. 2021.

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

Authentication: 204788055

Date: 11-24-21