

2/21/22, 9:54 AM

Division of Corporations

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Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850)617-6383

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**\*\*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****Acumera Reliant, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## 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. Acumera Reliant, 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. Delaware

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 01/19/2022

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

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

7. 3307 Northland Dr Suite 170, Austin, 78731

(Principal office address)

same

(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 ATallahassee

(City)

, Florida 32301

(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 Solutions, Inc.

By: \_\_\_\_\_

(Registered agent's signature)

Adam Saldana, Asst. Secretary

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.

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 TALLAHASSEE, FLORIDA

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11. Names and business addresses of officers and/or directors:

### A. DIRECTORS

Chairman: William Morrow

Address: 3307 Northland Dr Suite 170

Austin, TX 78731

**Vice Chairman:**

Address:

Director: Brett Stewart

Address: 3307 Northland Dr Suite 170

Austin, TX 78731

Director: Dirk Heinen

Address: 3307 Northland Dr Suite 170

Austin, TX 78731

**B. OFFICERS SEE ATTACHMENT**

✓ President: Brett Stewart

Address: 3307 Northland Dr Suite 170

Austin, TX 78731

Vice President:

Address:

Secretary:

Address:

**Treasurer:**

Address:

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. Bret Stewan, President

(Typed or printed name and capacity of person signing application)

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**Attachment to Florida  
Officers & Directors**

- 1 Full Name: William Morrow  
Officer/Director: Officer, Director  
Officer's Title: Chief Executive Officer  
Director's Title: Chairman  
Business Address: 3307 Northland Dr Suite 170  
City: Austin  
State: TX  
ZIP Code: 78731
- 2 Full Name: Dirk Heinen  
Officer/Director: Officer, Director  
Officer's Title: Senior VP, Client Advocate  
Director's Title: Other Director  
Business Address: 3307 Northland Dr Suite 170  
City: Austin  
State: TX  
ZIP Code: 78731
- 3 Full Name: Robin Compara  
Officer/Director: Officer  
Officer's Title: Chief Financial Officer  
Director's Title:  
Business Address: 3307 Northland Dr Suite 170  
City: Austin  
State: TX  
ZIP Code: 78731
- 4 Full Name: Roberto Chang  
Officer/Director: Officer  
Officer's Title: Executive VP of Operations  
Director's Title:  
Business Address: 3307 Northland Dr Suite 170  
City: Austin  
  
State: TX  
ZIP Code: 78731
- 5 Full Name: DeWayne Mangan  
Officer/Director: Officer  
Officer's Title: VP of Infrastructure and Client Support  
Director's Title:  
Business Address: 3307 Northland Dr Suite 170  
City: Austin  
State: TX  
ZIP Code: 78731

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACUMERA RELIANT, 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 SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACUMERA RELIANT, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF JANUARY, A.D. 2022.

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



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SR# 20220396534

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202592654

Date: 02-07-22