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Email Address: managedreports@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION Robert L. Wright & Associates, Inc.

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S. ROBERTS MAR 2 9 2022

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COVER LETTER

TO: Registration Section Division of Corporations

Robert L. Wright & Associates, Inc.

SUBJECT: _____

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jaycie Howard

Jaycie How	Name of Perso ard for InCorp	
	Firm/Company	/
3773 Howard	Hughes Parkv	vay, Suite 500S
	Address	
Las Veg	as, Nevada 89	9169-6014
	City/State and Zigedreports@inc	•
E-mail address: (to be used for fu	iture annual report notification)
or further information concerning this matt	er, please call:	
Jaycie Howard for InCorp Services, Inc.	(702)	866-2500 ext. 6923
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$\$78.75 Filing Fee & \$\$78.75 Filing Fee & Certificate of Status Certified Copy

Tallahassee, FL 32303

\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FAX No.

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.

Robert L. Wright & Associates, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Texas		, 76-0590885 3			
(State or country under the law of which it is incorporat		ted) (FEI number, if applicable)			
12/22/1998		5	(Date of duration, if other than perpetual)		
	•		(Date of duration, if other than perpetual))
Upon Registra	tion				
	(Date first transacted busin (SEE SECTIONS 607.1501 & 60	ess in Flo 07.1502,	orida, if prior to registration) F.S., to determine penalty liability))	
1035 Willowbe	end Blvd., Ste. 406, Houston, TX 7	7025			
		, OLO			
			treet address)		
			treet address)		
	(Principa	l office <u>r</u>	treet address) Idress, if different)		
	(Principa	l office <u>a</u> nailing ad	Idress, if different)		2022 MAR
Name and <u>stree</u> Name:	(Principa (Current n et address of Florida registered agent:	l office <u>a</u> nailing ad	Idress, if different)	TALLAHAS	2022 MAR 29
Name and <u>stree</u>	(Principa (Current n <u>et address</u> of Florida registered agent: InCorp Services, Inc.	l office <u>a</u> nailing ad	Idress, if different)	TALLAHASSEE	2022 MAR 29 AH 8:

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) Isabel Burgos on behalf of Incorp Services, Inc.

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.

P. 003/005

A. DIRECTORS

Chairman	Robert L. Wright	🗇 Chainnan	Name:
□Viee Chainnan	Address: 4035 Willowbend Blvd., Ste. 406	🗆 Vice Chairman	Address:
Director	Houston, TX 77025		
President		DPresident	
⊖Vice President	·	Vice President	
DSecretary	Treasurer	Secretary	Treasurer
DOther	Other	Other	Other
DChairmun	Name:		Name:
□Vice Chaimian	Address:	□Vice Chairman	Address:
Director		Director	
President		DPresident	
□Vice President		□Vice President	
	Treasurer	OSecretary	Treasurer
Other	001her		Other
			A.
□Chairman	Name:	Chairman	Name:
☐Vice Chairman	Address:	🗇 Vice Chairman	Arkiress:
Director		Director	·····
President			
□Vice President		□Vice President	
			Treasurer
Olher	01her	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 a.817.155. F.S.

13. Robert L. Wright, President

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FAX No.

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



John B. Scott Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for ROBERT L. WRIGHT & ASSOCIATES, INC. (file number 151659300), a Domestic For-Profit Corporation, was filed in this office on December 22, 1998.

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 March 18, 2022.



John B. Scott Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 TID: 10264