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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

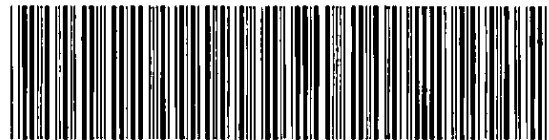
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARIAT OF THE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LTX HOLDINGS, INC

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LTX HOLDINGS, INC.

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:

ROMAN ALBANO

Name of Person

CONTRACTORS REPORTING SERVICE

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

City/State and Zip code

INFO@ACTIVATEMYLICENSE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMAN ALBANO

at (**813**) **932-5244**

Name of Person

Area Code

Daytime Telephone 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

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REGISTRATION SECTION
DIVISION OF CORPORATIONS

FILED

**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. **LTX HOLDINGS, 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. **TEXAS**

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

3. **84-1818350**

(FEI number, if applicable)

4. **03/14/2019**

(Date of incorporation)

5. **PERPETUAL**

(Date of duration, if other than perpetual)

6. **UPON APPROVAL**

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

7. **20500 FM 1431 SUITE 102, LAGO VISTA TX 78645**

(Principal office street address)

P O BOX 4952 LAGO VISTA TX 78645

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **CONTRACTORS REPORTING SERVICE INC**

Office Address: **13795 N NEBRASKA AVE**

TAMPA

(City)

, Florida **33613**

(Zip code)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED

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.



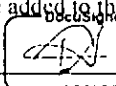
(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS☐ Chairman Name: TERRY LADE☐ Vice Chairman Address: _____☐ Director P O BOX 4952☒ President LAGO VISTA TX 78645☐ Vice President _____☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Chairman Name: RICHARD LADE☐ Vice Chairman Address: _____☐ Director P O BOX 4952☐ President LAGO VISTA TX 78645☒ Vice President _____☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ 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.  _____
 1A9CC3B7B5784B7 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. **TERRY LADE - PRESIDENT**

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



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 LTX Holdings Inc (file number 803264657), a Domestic For-Profit Corporation, was filed in this office on March 14, 2019.

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 April 11, 2022.



A handwritten signature of John B. Scott, consisting of a stylized 'J' and 'S'.

John B. Scott
Secretary of State