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AND FILLD

Stumpley & Brumpley

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

"Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted to the corporate name adopted to th		da)
(State or country under the law of which it is incorporated)	(FEI number, if applicable)	
4. 2 19 2013 5 5 5.	(Date of duration, if other than perpetual)	
1/20/22	(Date of datation, it office than perpendict)	
(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, F	rida, if prior to registration) F.S., to determine penalty liability)	
7. 1701 E HWY 30a Suite 15 Water (Principal office st	Color, FL 32459 reet address)	
5909 West Logo South Suite 115 Rel	I laive TV 77401	
8. Name and street address of Florida registered agent: (P.O. Bo	- · · · · · · · · · · · · · · · · · · ·	
Office Address: 1701 E Hwy 30a, Suite 15 Water Color (City)	Florida 32459 (Zip code)	_
9. Registered agent's acceptance: Having been named as registered agent and to accept service of designated in this application, I hereby accept the appointment further agree to comply with the provisions of all statutes relative and I am familiar with and accept the obligations of my position	as registered agent and agree to act in this c ive to the proper and complete performance of	apacity. I
Jami Our		

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
Chairman	Name: Tarry Owen	□Chairman	Name:	
□ Vice Chairman	Address: 547 College St	□Vice Chairman	Address:	
Director	Bellaire ITX 77401	□Director		
President	Tami Ower	□President		
□ Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		Other
			Name	
□ Chairman	Name:	□ Chairman		
□Vice Chairman	Address:		Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	□Other	Other		Other
□Chairman	Name:	□ Chairman	Name:	
	Address:			
Director	The state of the s	Director		
□President		□President		
□Vice President	 	□Vice President		
Secretary	□Treasurer	☐ Secretary		Treasurer
□Other		□Other		□Other
individuals may be	Use an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen	nt of State Annual Re	port form.	
12	Signature of Director or	/		
-	Signature of Director or	Officer		
	ctor signing this document (and who is listed in number alse information submitted in a document to the Departm	nent of State constitu		
13.	Tarni Owen Preside	·vit		

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



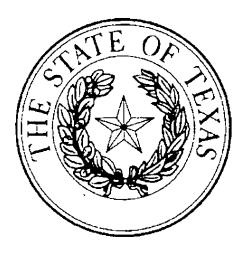
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for THE OWEN GROUP DESIGN FIRM, INC. (file number 801738683), a Domestic For-Profit Corporation, was filed in this office on February 19, 2013.

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 14, 2022.



John B. Scott Secretary of State

TID: 10264

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