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COVER LETTER

SUBJECT Dear Sir or	Name	of corporation		
	Name	of corporation		
Dear Sir or	Madami	от фотролино.	- must include suffix	
	iviauain.			
"Certificate	d "Application by Foreign C of Existence," or "Certificat enced foreign corporation to	e of Good Star	iding" and check are subm	
Please retur	n all correspondence concerr	ning this matter	r to the following:	
James H Ho	Hinger			
		Name of	Person	
HTX, Inc.				
		Firm/Con	npany	
3547 Silver	Creek Rd			
		Addr	ess	
Manhattan.	KS 66503			
		City/State a	nd Zip code	
jim@comple				
	E-mail addres	ss: (to be used	for future annual report no	tification)
For further	information concerning this	matter, please o	rall:	
James Hollinger 785 565-1941				
Na	me of Person	Area Cod	e Daytime Telepho	one 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	
	a check for the following an check payable to: FLORIDA I liling Fee	DEPARTMENT ng Fee & 2	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

; · · · · ·

	orporation; must include "INCORPORATED," 'orp," "Inc." "Co," or "Corp.")		
Complete BnB (Company		
(If name unavail:	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting bus	iness in Florida)
2. Kansas	3	48-1034754	
	y under the law of which it is incorporated)	(FEI number, if applicat	ole)
4/3/1987	5		
(Date	of incorporation) 5	(Date of duration, if other than perpetual)	
j			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
3547 Silver Creek	k Rd, Munhatten. KS 66503		<u> </u>
	(Principal office	street address)	22 NOV 5
	(Current mailing :	address, if different)	
3. Name and <u>stree</u> Name:	FA 3: 2		
Office Address:	7901 4th St N. Ste 300		Q.
	St. Petersburg	Florida 33702	
	(City)	Florida <u>33702</u> (Zip code)	
Having been nam designated in this further agree to c	ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointme, omply with the provisions of all statutes relo with and accept the obligations of my posit	nt as registered agent and agree to itive to the proper and complete per	act in this capacity.
	/s/ Bill Havre		
	(Registered agent's sign	· · · · · · · · · · · · · · · · ·	

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 Barbara Tillman Name: __Alan Tillman Chairman Chairman □ Chairman 7430 Santa Fe Dr 1108 Newfoundland Dr □Vice Chairman Address: □Vice Chairman Address: Overland Park, KS 66204 Manhattan, KS 66503 □ Director Director □President President ☐ Vice President Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other _____ □Other _____ Other Name: ______ □ Chairman □ Chairman Address: 3547 Silver Creek Rd --702 W 5th St Address: _ □ Vice Chairman □Vice Chairman Washington, MO 63090 Manhattan, KS 66503 □ Director □Director President President □Vice President □Vice President ■ Secretary □Treasurer □ Secretary **■**Treasurer □Other □Other ____ □Other Other _____ □ Chairman Name: □Chairman 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: Usy th 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. James H Hollinger Treasurer

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STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2606200

Entity Name: HTX, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

was filed in this office on May 08, 1998, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the scal of the Secretary of State of the state of Kansas on this day of November 04, 2022

SCOTT SCHWAB SECRETARY OF STATE

Certificate ID: 1241966 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.