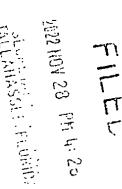
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(Requestor's Name)	_				
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Sosmos E.M.) (Carro)					
(Document Number)					
ertified Copies Certificates of Status					
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Special Instructions to Filing Officer:	l				
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Office Use Only



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K. SALY NOV 2 9 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95	
	REFERENCE	:	146629	8398215	
	AUTHORIZATION	:			
	COST LIMIT	:	\$ 70000	Ceran	
ORDER DATE :	November 18, 202	- 2	- - - - -		
ORDER TIME :	10:10 AM				
ORDER NO. :	146629-005				
CUSTOMER NO:	8398215				
FOREIGN FILINGS					
NAME:	VERSABAR, INC	•			
XXXX QUALIFICATION (TYPE: CO)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
XX PLAIN	TIED COPY STAMPED COPY TICATE OF GOOD STA	AND:	ING		

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VERSTERR, 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:
PHILIP S. RUNGLE Name of Person
Name of Person
VERSHBAK, INC
Firm/Company
1/349 FM 529 ROAL Address
P City/State and Zip code City/State and Zip code City/State and Zip code E-mail address: (to be used for future annual report notification)
P City/State and Zip code
@RUNDLE @VBAR COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Private 12 12 12 12 12 12 12 12 12 12 12 12 12
Name of Person Area Code Daytime Telephone Number
Name of Ferson Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
The Centre of Tallahassec P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314
Tallahassee, FL 32303
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 & ☐ \$78.75 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

State or count	able in Florida, enter alternate corporate name add 3. y under the law of which it is incorporated)	(FEI number, if applicable)	in Florida)
	7 175,1 5.		
(Date	of incorporation)	(Date of duration, if other than perpen	ani)
į	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liability) HOUSTON, TX 770	41
	(Current mailing ac	Idean if different	 .
	(Ситен папия ас	idress, ii different)	TALLAHASSEE TAGAIN
me and <u>stree</u>	t address of Florida registered agent: (P.O. B Corporation Service Company	ox NOT acceptable)	至 22
Name:	1201 Hays Street	_	555
Tallahassee		- 32301	0.13
	(City)	_ , Florida (Zip code)	76.
	nt's acceptance:		

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.





A. DIRECTORS						
□ Chairman	Name: PHILLY S. YURGU	☐ Chairman	Name: IAN TOBO			
□Vice Chairman	Address: 11349 11 527 Kons	□Vice Chairman	11240 00 120			
Director	HOUSTEN TX 11641	© Director	HOUSTON TX 77041			
⊠ President	<u> </u>	□ President				
□Vice President		Vice President				
☐ Secretary	☐ Treasurer	☐Secretary	☐ Treasurer			
□Other		□Other	Other			
□ Chairman	Name: E. John GRELVES Address: 1349 FM Sun GOAL	□ Chairman	Name:			
□Vice Chairman		☐Vice Chairman	Address:			
	HEUSTU. TX 19994	□Director	28 PH 4: 20			
□President		□President				
🗇 Vice President		□Vice President	20			
Secretary	Treasurer	☐ Secretary	☐ Treasurer			
Other	Other	Other				
	Name: Jason Frishe Address: 11349 FM 529 Road HOUSTON TX 17041		Name:			
─────────────────────────────────────						
□ Secretary	□Treasurer	☐ Vice President	☐'Treasurer			
□Other	□Other	∏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 filling your Florida Department of State Annual Report form. 12.						
	Signature of Director or					
she is aware that false s.817.155, F.S.	signing this document (and who is listed in number information submitted in a document to the Departm	11 above) affirms that ment of State constitute	the facts stated herein are true and that he or s a third degree felony as provided for in			
13	PHILLS KUNDLE					
	(Typed or printed name and capacity of person	signing application)	•			

R. Kyle Ardoin SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

VERSABAR, INC.

A corporation domiciled in BELLE CHASSE, LOUISIANA,

Filed charter and qualified to do business in this State on October 14, 1981,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

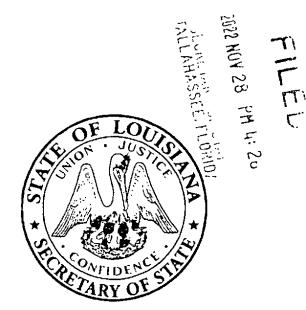
I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof. I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 23, 2022

2 1 Fe / 16 2 Secretary of State

Web 33608420D



Certificate ID: 11654281#AEG62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov