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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| ΓO: Registrati Division σ | | | | | |
|---------------------------------------|---|--|--------------|--|--|
| SUBJECT: Lex | - | | | | |
| SOBJECT: | | Name of corporati | on - n | nust include suffix | |
| Dear Sir or Madai | n: | | | | |
| Certificate of Ex | istence." | by Foreign Corporation for "Certificate of Good Storporation to transact busi | andin | g" and check are subi | |
| Please return all c | orrespond | lence concerning this mat | ler to | the following: | |
| David Word | | | | | |
| | | Name | of Per | son | |
| Lexicon Technolog | ies, Inc. | | | | |
| *** | | Firm/C | ompai | ıy | 1-11 |
| 700 Sigman Rd NE | Suite 110 | | | | |
| | | Ad | dress | **** | |
| Conyers, GA 30013 | 3 | | | | |
| | | City/State | and : | Zip code | |
| Dword@Lexiconte | ch.com | | | | |
| | | E-mail address: (to be use | d for | future annual report n | otification) |
| For further inform | ation con | cerning this matter, pleas | e call: | | |
| David Word | | at (⁶⁷⁸ |) | 750-0261 Daytime Teleph | |
| Name of | Person | Area C | ode | Daytime Telepl | none Number |
| Registrati Division o The Centr | on Sectio of Corpor e of Talla Aonroe St | ations ahassee reet, Suite 810 | | MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F | ection orporations 7 |
| | payable to | following amount: : FLORIDA DEPARTME.] \$78.75 Filing Fee & Certificate of Status | \square \$ | FSTATE 78.75 Filing Fee & Pertified 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.

| 1. | Lexicon Technologies, Inc. | | | | |
|----|----------------------------|--|--|---------------------------|--|
| | | orporation; must include "INCORPORATED orp." "Inc," "Co," or "Corp.") | ," "COMPANY," "CORPORAT | ION," | |
| | Lexicon Tech So | olutions | | | |
| | (If name unavaila | able in Florida, enter alternate corporate name | adopted for the purpose of transac | ting business in Florida) | |
| 2 | (Δ) | 3 | 58-2390002 | | |
| ۷. | (State or countr | y under the law of which it is incorporated) | (FEI number, it | (applicable) | |
| 4. | 05/05/1998 | 5. | Perpetual | | |
| ٦, | (Date | of incorporation) | (Date of duration, if oth | er than perpetual) | |
| 6. | 01/15/2023 | | | | |
| ٠. | | (Date first transacted business (SEE SECTIONS 607.1501 & 607.1 | in Florida, if prior to registration) 502, F.S., to determine penalty lia | bility) | |
| 7. | 937 S.Semoran B | lvd Suite 300, WinterPark, FL 32792 | | · | |
| | | (Principal of | lice <u>street</u> address) | | |
| | 700 Sigman Rd. | NE Suite 110. Conyers, GA 30013 | | ## PP | |
| | | (Current maili | ng address, if different) | 122 | |
| 8. | Name and stree | et address of Florida registered agent: (P. | O. Box <u>NOT</u> acceptable) | DEC 12 | |
| | Name: | David Word | | | |
| О | ffice Address: | 937 S.Semoran Blvd Suite 300 | | H 2: . | |
| | | WinterPark | , Florida | | |
| | | (City) | (Zip code) | | |

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.

| A. DIRECTORS | | | | | |
|---|--|------------------------|------------------------------|--|--|
| □Chairman | Josh King | □ Chairman | Name: | | |
| | 700 Sigman Rd. NE Suite 110, | □Vice Chairman | 700 Sigman Rd. NE Suite 110, | | |
| Director | Conyers, GA 30013 | ☐ Director | Conyers, GA 30013 | | |
| □President | | □President | | | |
| | | | | | |
| | | □Vice President | | | |
| ☐Secretary _ CEO | ☐ Treasurer | □Secretary _ COO | □Treasurer | | |
| Other | □Other □ | Other | □ Other | | |
| | Travis Collins | | | | |
| Chairman | Name: 700 Sigman Rd. NE Suite 110, | □Chairman | Name; | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | |
| □Director | Conyers, GA 30013 | □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- individuals may be | Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment added to the index when filing your Florida Department | ent of State Annual Re | eport form. | | |
| 14. — (| Signature of Director of | 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 | | | | | |

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 of 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.



Control Number: K817056

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

LEXICON TECHNOLOGIES, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24073347 Date Inc/Auth/Filed: 05/05/1998 Jurisdiction : Georgia Print Date : 12/06/2022

Form Number : 211



Brad Raffensperger