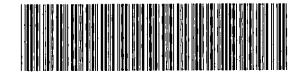
Fa300001431

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100402195511

02/16/29--01021--008 **87.50







\$ 832-930-1529

2 806-243-5734

🔀 gkhan@gagan.law

To the Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Florida 32303

February 14, 2023

To Whom it May Concern,

Our firm represents Allpoints Services Corp. Please find attached the following documents:

- 1. A completed Application by Foreign Corporation for Authorization to Transact Business in Florida
- 2. A Certificate of Fact (certificate of good standing) from the Texas Secretary of State.
- 3. Payment of \$87.50 filing fee.

Please contact me at my office line at 713 428 2045 or my direct line at 832 213 9511 or email me at gkhan@gagan.law if you have any questions or concerns.

Respectfully Submitted

Gagan Khan

GK Law PLLC.

COVER LETTER

TO:	_	tration Section on of Corpora						
SUBJE	ECT:	ALLPOINTS :	SERVICES COR	Р.				
		-	Name of o	corporation -	- must ir	nclude suffix		
Dear Si	ir or M	adam:						
"Certifi	icate of	Existence." o		Good Stand	ling" and	d check are subm	Business in Florid itted to register th	
Please r	return a	all corresponde	ence concerning	this matter	to the fo	llowing:		
Gagan H	Khan							_
				Name of P	erson	-		
GK Lav	v PLLC	•					202 515	
		. <u> </u>		Firm/Comp	oany		- 	
701 N P	ost Oal	k Rd, Suite 612					ं हुं	T T
				Addres	SS	- -	. 60	;
Houston	n, Texa:	s 77024					💬	ا المحادث
gkhan@)gagan.	law	(City/State an	d Zip co	ode	3: 05 3: 05	
			-mail address: (1	to be used fo	or future	annual report no	tification)	
For furt	ther int	ormation conc	erning this matt	er, please ca	all:			
Gagan I	Khan.		at	(832	213 9	511		
	Name	of Person		Area Code		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			
	nake ch	eck payable to:	ollowing amour FLORIDA DEP \$78.75 Filing F Certificate of S	ARTMENT : ee & □	\$78.75	TE Filing Fee & ed Copy	\$87.50 Filing Certificate of Certified Co	f Status &

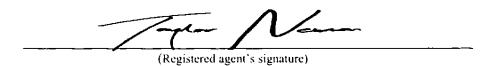
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.	Allpoints Service	ees Corp.						
		orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION			_		
	Florida Allpoint	s Services Corp.						
	(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing busine	ss in Fl	lorida)		
2	Texas	3	20-4421754					
	(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)					
4	October 24, 199	7 5.	Perpetual					
٦.	(Date	of incorporation)	(Date of duration, if other	r than perp	ज्लाम्ब्री)			
6.	N/A			[c-]	023 F	¢a:⊤in		
		(SEE SECTIONS 607.1501 & 607.13	n Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)	- B 15			
7.	1515 Witte Rd, H	louston, Texas 77080			<u>70</u>	1 1 1		
	Same	(Principal offi	ice <u>street</u> address)	_{-{t}}	: ::: 0	ار ارت		
		(Current mailir	ng address, if different)	£-1	က်			
8.	Name and stree	et address of Florida registered agent: (P.C. Northwest Registered Agent LLC.	D. Box <u>NOT</u> acceptable)					
Office Address:		7901 4th St N. Suite 300						
		St. Petersburg, FL	Florida 33702					
		(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.



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.

DocuSign Envelope ID: 0E4D4ACD-A54A-41E6-B51A-14207923695F A: DIRECTORS Joseph Warren Thomas G Sumner □ Chairman □Chairman 1515 Witte Rd 1515 Witte Rd □Vice Chairman Address: ☐ Vice Chairman Address: Houston, Texas 77080 Houston, Texas 77080 □Director □Director □President □ President ☐ Vice President ■ Vice President □Treasurer □ Secretary □ Secretary □Treasurer Other CEO □Other _____ ☐Other _____ □Other Blake Swanson Steve Wilson □ Chairman □Chairman 1515 Witte Rd 1515 Witte Rd ☐Vice Chairman Address: _ Address: □ Vice Chairman Houston, Texas 77080 Houston, Texas 77080 □Director □Director □ President President □Vice President ☐ Vice President _ □Teasurer □Treasurer ■ Secretary □ Secretary □Other _____ □Other □Other □ Chairman □ Chairman Name: Address: ____ □ Vice Chairman Address: _____ □ Vice Chairman □ Director □ Director □ President □President □ Vice President ☐ Vice President ☐Treasurer □ Secretary □ Treasurer □ Secretary Regional Presiden □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 mass bounded 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 fisted 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.

Thomas G. Sumner

 Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for ALLPOINTS SERVICES CORP. (file number 146530600), a Domestic For-Profit Corporation, was filed in this office on October 24, 1997.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate THOMAS G SUMNER as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1515 WITTE ROAD

HOUSTON, TX - 77080 USA

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 February 03, 2023.



gene Helson

Jane Nelson Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
TID: 10268 Document: 1219491660003