## F23000001985

(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:				

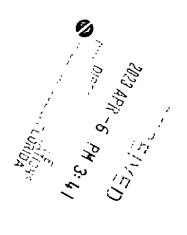
Office Use Only



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2023 APR -6 PN 5: 40





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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 596593 8050119

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE: March 17, 2023

ORDER TIME : 1:54 PM

ORDER NO. : 596593-065

CUSTOMER NO: 8050119

#### FOREIGN FILINGS

NAME: EVIDEN USA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

## 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.

	e of corporation; must include "INCORPORAT ." "Corp." "Inc." "Co." or "Corp.")	ED, "COMPANY, "CORPORATION,"	
(If name un	available in Florida, enter alternate corporate n	any adopted for the purpose of transacting by	sciness in Florida)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting bus  Delaware 88-4399707		isiness in Floriday	
2. (State or c	ountry under the law of which it is incorporated	j,	able)
4. 12/15/2022	2		
(	(Date of incorporation)	5(Date of duration, if other than	perpetual)
6			
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
7 5920 Windh	aven Pkwy, Suite 110, Plano, TX 75093		
·	(Principa	office street address)	<del></del>
	(Current m	nailing address, if different)	~
	(Current in	nating address. If different)	
P. Namu und		,	023 API
8. Name and	street address of Florida registered agent:	,	71. APR -6
8. Name and Nam	street address of Florida registered agent:	,	- 6 日本
	e: Corporation Service Company	,	- 6 日本
Nam	e:  Corporation Service Company  1201 Hays Street  Tallahassee	(P.O. Box NOT acceptable)	- 6 日本
Nam	e:  Corporation Service Company  1201 Hays Street  Tallahassee	(P.O. Box <u>NOT</u> acceptable)	1
Nam Office Addres	e: Corporation Service Company  1201 Hays Street  Tallahassee  (City)	(P.O. Box <u>NOT</u> acceptable)  Florida 32301	- 6 日本
Nam Office Addres  9. Registered Having been	street address of Florida registered agent: e: Corporation Service Company ss: Tallahassee (City) d agent's acceptance: named as registered agent and to accept s	(P.O. Box NOT acceptable)  Florida 32301 (Zip code)  rervice of process for the above stated con	-6 PN 5: 40 rporation at the place
Nam Office Addres  9. Registered Having been designated in	e:  Corporation Service Company  1201 Hays Street  Tallahassee  (City)  d agent's acceptance: named as registered agent and to accept s this application, I hereby accept the appo	(P.O. Box NOT acceptable)  Florida 32301 (Zip code)  rervice of process for the above stated continuous as registered agent and agree to	rporation at the place act in this capacity. I
Nam Office Addres  9. Registered Having been designated in further agree	street address of Florida registered agent: e: Corporation Service Company ss: Tallahassee (City) d agent's acceptance: named as registered agent and to accept s	(P.O. Box NOT acceptable)  Florida   [Zip code]  rervice of process for the above stated continuent as registered agent and agree to the relative to the proper and complete personal complete personal states.	rporation at the place act in this capacity. I
Nam Office Addres  9. Registered Having been designated in further agree	e:  Corporation Service Company  e:  1201 Hays Street  Tallahassee  (City)  d agent's acceptance: named as registered agent and to accept s this application, I hereby accept the appo to comply with the provisions of all statut filiar with and accept the obligations of my	(P.O. Box NOT acceptable)  Florida   [Zip code]  rervice of process for the above stated continuent as registered agent and agree to the relative to the proper and complete personal complete personal states.	rporation at the place act in this capacity. I
Nam Office Addres  9. Registered Having been designated in further agree	e:  Corporation Service Company  1201 Hays Street  Tallahassee  (City)  d agent's acceptance: named as registered agent and to accept s this application, I hereby accept the apporto comply with the provisions of all statutifiliar with and accept the obligations of my  Corporation Service Company	(P.O. Box NOT acceptable)  The initial states of the above stated consistency as registered agent and agree to the proper and complete per position as registered agent.	rporation at the place act in this capacity. I

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: B67D0CC1-FD3E-42A8-85B5-79358189ED0E

A. DIRECTORS

□Chairman	Name:	□Chairman	Brian Gilmartin Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
■ Director	5920 Windhaven Pkwy, Suite 110	□Director	5920 Windhaven Pkwy, Suite 110		
■President	Plano, TX 75093	□President	Plano, TX 75093		
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary	■ Treasurer		
Other CEO	□Other	□Other	CFO		
□Chairman	Thomas Hall Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	5920 Windhaven Pkwy, Suite 110	□Director			
□President	Plano, TX 75093	□President			
□Vice President		□Vice President			
<b>■</b> Secretary	□Treasurer	☐ Secretary	□Treasurer		
■Other SVP	■Other GC	□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: 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 index when filing your Florida Department of State Annual Report form.  12. 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.

Thomas Hall Considers

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EVIDEN USA, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVIDEN USA, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203061208

Date: 04-03-23