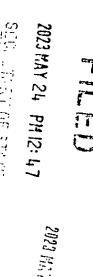
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(Req	uestor's Name)	
(AbbA)	ress)	
(Addi	ress)	
(City)	/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



100408343181



(850) 524-6243 Please use funds from this account: I20210000160 \$ 87.50 Authorization Signature: **CXperts Corporation** Doc. # **Business Name** Certified Copy of Articles of Organization Certificate of Status **AMENDMENTS** NEW FILINGS **Profit Corp** Amendment Not for Profit Resignation of R.A. Officer/Director __Limited Liability Change of Registered Agent Revocation of Dissolution Domestication __Merger Other Conversion **CORP** Amended and restated Articles **LLLP Statement of Authority OTHER FILINGS** REGISTERATION/QUALIFICATIONS **Trademark** _X_ Foreign filing Annual Report ___Limited Partnership Reinstatement Fictitious Name Other APOSTILLE **Country**

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINIER'S INITIALS:

(850) 524-5437

TALLAHASSEE, FL 32309

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:____

Please use funds from this account: 12 <u>Authorization Signature:</u> **Talline** **	
CXperts Corporation Business Name	Doc. #
Certified Copy of Articles of Organiz Certificate of Status	cation
NEW FILINGS	<u>AMENDMENTS</u>
Profit CorpNot for ProfitOfficer/DirectorLimited LiabilityDomesticationOtherCORPLLLP	AmendmentResignation of R.AChange of Registered AgentRevocation of DissolutionMergerConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS REC	GISTERATION/QUALIFICATIONS
Annual Report	_X_ Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE Country	Other

COVER LETTER

TO: Registration Section Division of Corporations		
CXperts Corporation		
SUBJECT:	of corporation - mu	ast include suffix
	•	
Dear Sir or Madam:		
The enclosed "Application by Foreign Co"Certificate of Existence," or "Certificate above referenced foreign corporation to the second composition of	e of Good Standing	
Please return all correspondence concern	ing this matter to th	ne following:
Violet R. Pereda		
	Name of Perso	on
CXperts		
	Firm/Company	,
1603 Capitol Avenue, Suite 513 E	· min company	
	Address	
Cheyenne, Wyoming 82001		
	City/State and Z	ip code
violet.pereda@cxperts.us		
E-mail addres	s: (to be used for fi	iture annual report notification)
For further information concerning this r	matter, please call:	
Violet R. Pereda	949 4	56-3574
Name of Person	at () Area Code	Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRES	5S:	MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
The Centre of Tallahassee	^	P.O. Box 6327
2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	0	Tallahassee, FL 32314
Enclosed is a check for the following am		
Please make check payable to: FLORIDA D S70.00 Filing Fee S78.75 Filing		STATE 8.75 Filing Fee & S87.50 Filing Fee,

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.

	able in Florida, enter alternate corporate no	ame adopted for the purpose of transac	ting business in Florida)
Wyoming	ry under the law of which it is incorporated	3	
			applicable)
December 9, 20	22	5. November 21, 2023	
(Date	e of incorporation)	(Date of duration, if other	er than perpetual)
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liab	oility)
1603 Capitol Ave	enue, Suite 513 E. Cheyenne, Wyoming 82	001	
		office street address)	
	·		
1603 Capitol Av	enue, Suite 513 E, Cheyenne, Wyoming 82	2001	
1603 Capitol Av	enue, Suite 513 E, Cheyenne, Wyoming 82 (Current m	ailing address, if different)	
1603 Capitol Av			
		ailing address, if different)	
Name and stre	(Current m	ailing address, if different)	2023 H SECO
	(Current m	ailing address, if different)	2023 MAY SECOLO
Name and stre	(Current m	ailing address, if different)	- 15.6. 2
Name and stre	(Current met address of Florida registered agent: Eduardo Vaca 18079 SW 54th Street	(P.O. Box <u>NOT</u> acceptable)	2023 MAY 24 PH SUGGERAL AND SE
Name and stre	(Current met address of Florida registered agent: Eduardo Vaca 18079 SW 54th Street Miramar	(P.O. Box NOT acceptable) , Florida 33029	2023 MAY 24 PH 12: SUMMER AND SESTI
Name and stre	(Current met address of Florida registered agent: Eduardo Vaca 18079 SW 54th Street	(P.O. Box <u>NOT</u> acceptable)	2023 MAY 24 PH 12: 47 SECUL AND SESSION TALE AND SECUL AND SESSION TO SECUL AND SESSION TO SECUL AND SECULAR AND SECURITIES
Name and stre Name: ffice Address:	(Current met address of Florida registered agent: Eduardo Vaca 18079 SW 54th Street Miramar (City) ent's acceptance:	(P.O. Box NOT acceptable) Florida 33029 (Zip code)	PH 12: 47
Name and stre Name: ffice Address: Registered ag	(Current met address of Florida registered agent: Eduardo Vaca 18079 SW 54th Street Miramar (City) ent's acceptance: ned as registered agent and to accept s	(P.O. Box NOT acceptable) Florida 33029 (Zip code)	PH 12: 47 ted corporation at the p
Name and streen Name: Strice Address: Registered agaving been nanesignated in this	et address of Florida registered agent: Eduardo Vaca 18079 SW 54th Street Miramar (City) ent's acceptance: ned as registered agent and to accept so application, I hereby accept the appo	(P.O. Box NOT acceptable) Florida 33029 (Zip code) ervice of process for the above station the acceptable agent and agent agent and agent a	ted corporation at the paree to act in this capac
Name and streen Name: ffice Address: Registered age aving been names as a signated in this arther agree to contact the streen agree agree to contact the streen agree to contact the streen agree agree to contact the streen agree to contact the streen agree to contact the streen agree agree to contact the streen agree agree to contact the streen agree agree agree the streen agree agree to contact the streen agree	(Current met address of Florida registered agent: Eduardo Vaca 18079 SW 54th Street Miramar (City) ent's acceptance: ned as registered agent and to accept s	ailing address. if different) (P.O. Box NOT acceptable) , Florida 33029 (Zip code) ervice of process for the above statintment as registered agent and ages relative to the proper and comp	ted corporation at the paree to act in this capac
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Name and streen Name: Office Address: Registered age and an	et address of Florida registered agent: Eduardo Vaca 18079 SW 54th Street Miramar (City) ent's acceptance: and as registered agent and to accept so application, I hereby accept the appotential of the provisions of all statut	ailing address. if different) (P.O. Box NOT acceptable) , Florida 33029 (Zip code) ervice of process for the above statintment as registered agent and ages relative to the proper and comply position as registered agent.	ted corporation at the paree to act in this capac

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: 32D6CF05-F220-4EBC-865A-61C474FDF36D A. DIRECTORS Name: Violet R. Pereda Violet R. Pereda □ Chairman Name: ___ Chairman 27764 Homestead Road Address: □Vice Chairman ☐ Vice Chairman Address: Laguna Niguel, CA 92677 □ Director □ Director ■ President □President ☐ Vice President □Vice President □ Secretary □Treasurer □ Secretary Treasurer Other _____ □Other _____ Other _____ □Other _____ Name: Victor H. Pereda Name: _____ □ Chairman □Chairman 27764 Homestead Road Address: □Vice Chairman □ Vice Chairman Address: Laguna Niguel, CA 92677 ☐ Director □ Director □President □President ■ Vice President □ Vice President □ Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other □Other _____ □Other _____ Victor H. Pereda Name: _____ □ Chairman □ Chairman Address: □Vice Chairman Address: ____ □Vice Chairman □ Director □Director □President □President □Vice President □Vice President _____ ■ Secretary □Treasurer □ Secretary □Treasurer □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 maphusaideth 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.

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

CXperts

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **March 2, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000984949**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of May, 2023 at 11:59 AM. This certificate is assigned ID Number 060760418.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.