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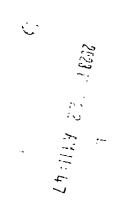
(Requestor's Name)
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T. LEMIEUX

JUN - 3 2023



### **COVER LETTER**

 $(x,y) \in \mathcal{F}_{p_1}(\mathcal{P}_{p_2}(x))$ 

	Registration Section Division of Corporations		
SUBJE	ECT: IMS Experts L.L.C.		
	Name of corporation - must include suffix	<del></del>	
Dear Sir	r or Madam:		
"Certific	closed "Application by Foreign Corporation for Authorization to Transact Businesse of Existence," or "Certificate of Good Standing" and check are submitted eferenced foreign corporation to transact business in Florida.		
Please re	return all correspondence concerning this matter to the following:		
	Kim Welch		
	Name of Person		
	IMS Experts L.L.C.		
	Firm/Company .		
	1696 Country Club Dr.		
	Address	<del></del>	
	Mansfield, TX 76063		
	City/State and Zip code		
	imsexperts intake Datt. net		
	E-mail address: (to be used for future annual report notificate	tion)	
For furth	her information concerning this matter, please call:		
<u> </u>	Name of Person at (817) 453 - 9767  Area Code Daytime Telephone No.	X 105	
R D	Registration Section Registration Section	Division of Corporations	
	2415 N. Monroe Street, Suite 810 Tallahassee, FL 3231 Tallahassee, FL 32303	4	
Please mal	Certificate of Status Certified Copy C	87.50 Filing Fee, 'ertificate 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.

IMS Experts L.L.C.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
TMS Experts LLC (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Texas  (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
2003  (Date of incorporation)  5. (Date of duration, if other than perpetual)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1696 Country Club Dr. mans field, TX 76063 (Principal office street address)
(Current mailing address, if different)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ron Pidcock
ffice Address: 1345 Kinsmere Dr.
Trinity, Florida 34655 (City) (City)
Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties d 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

(Registered agent's signature)

A. DIRECTORS			
□ Chairman	Name: Kim Welch	□Chairman	Name:
□Vice Chairman	Address: 4225 Water Course Dr.	□Vice Chairman	Address:
Director	Fort Worth, 7X 76109	□Director	
MPresident		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
Other	□Other	□Other	Other
	Name: <u>Craig Welch</u> Address: <u>4225 Water Course</u> Dr. <u>Fort Worth</u> , TX 74109		Name:
□President		□President	
_		□Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
□Other		□Other	
	-		
	Name:		Name:
□ Chairman	-		Name:
□ Chairman	Name:	□Chairman	Name:
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name:
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Name:
□Chairman □Vice Chairman □Director □President	Name:Address:	□Chairman □Vice Chairman □Director □President	Name:
□Chairman □Vice Chairman □Director □President □Vice President	Name:	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President	Name:Address:
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other □Important Notice: Unindividuals may be	Name:	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other ment will be imaged of State Annual Rep	Name:
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other □Important Notice: Unindividuals may be	Address:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other ment will be imaged of State Annual Rep	Name:
□ Chairman □ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other Important Notice: Undividuals may be 12	Name:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other ment will be imaged of State Annual Republications.  I above) affirms that ent of State constitute.	Address:

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 Organization for IMS Experts, L.L.C. (file number 800229350), a Domestic Limited Liability Company (LLC), was filed in this office on July 24, 2003.

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

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 May 16, 2023.



Jane-Helson

Jane Nelson Secretary of State

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