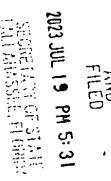
F23000004206

(F	Requestor's Name)	
(A	Address)	
-	Ndd	
(,	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Fi	iling Officer:	

Office Use Only



500412518075





JUL 1 9 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:07	//19/2023	
Name:		
	2068534	
Entity Name:	PF	ROPCENTS, INC.
		ation to Transact Business
☐ Amendm	ent	
☐ Change	of Agent	
Reinstate	ement	
☐ Conversi	on	
Merger		
☐ Dissolution	on/Withdrawal	
Fictitious	Name	
Other		
Authorized Amo	ount: \$70	
Signature:	mw	

F: +852.2682.9790

COVER LETTER

10:	Division of Corporations				
SUBJ	JBJECT: PropCents, Inc.				
-2		Name of corporation	on - must include suffix		
Dear S	Sir or Madam:				
"Certi:	nclosed "Application by Fore ficate of Existence," or "Cer referenced foreign corporati	tificate of Good Sta	anding" and check are subr		
Please	return all correspondence co	oncerning this matt	er to the following:		
		Nhar	ı Vo		
		Name o	f Person		
		PropCer	nts, Inc.		
_		Firm/Co	mpany		
	212	1 Lohmans Crossin	g Road, Suite 504-195		
		Add	lress		
		Austin, Tex	kas 78734		
		City/State	and Zip code		
		vo@my			
_	E-mail	address: (to be used	l for future annual report no	otification)	
For fu	rther information concerning	g this matter, please	call:		
	Mariana Gonzalez	at ()512-674-	5820	
	Name of Person	Area Co	de Daytime Teleph	one Number	
	STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	
Please	-	IDA DEPARTMEN	T OF STATE \$78.75 Filing Fee & Certified 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.

(If name	unavailable in Florida, enter alterna	te corporate name ado	opted for the purpose of	transacting busing	ness in F	lorida)	_
2.	Delaware	3.	88	-3470482			
(State o	Delaware or country under the law of which it is	s incorporated)	(FEI nur	nber, if applicabl	e)		•
4	July 26, 2022	5.					
	(Date of incorporation)		(Date of duration, if other than perpetual)			-	
6 <u>_</u> _	(Date first tra	nsacted business in F 607.1501 & 607.1502	orida, if prior to registr . F.S., to determine pen	ation) alty liability)			-
7.	2121 ไ	ohmans Crossing F	Rd, Ste 504-195 🛚 🗜	Justia, TX	78	134	
		(Principal office	street address)				-
				 .	··		
	nd <u>street address</u> of Florida regis Cogency G	tered agent: (P.O. E	ddress, if different) Box <u>NOT</u> acceptable)	CKETATY	23 JUL 1 9	AND
	ame: 115 North Calbou	n Street, Suite 4	_		三名の記	PH 5:	D - (
			2220	1		<u>ယ</u>	
	Tallahasse	e, Florida	Florida 3230				
Na Office Add	Tallahasse (City	e, Florida)	Florida 3230 (Zip coo	ie)			

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	Name:	□Chairman N	ume:
□Vice Chairman	Address: 2121 Lohmans Crossing Rd	□Vice Chairman A	2121 Lohmans Crossing Rd
■Director	Ste 504-195	■Director _	Ste 504-195
□President	Austin, TX 78734	■President	Austin, TX 78734
□Vice President		□Vice President _	
■ Secretary	■ Treasurer	□ Secretary	□Treasurer
□Other	CEO SOther	□Other	■Other CTO
□Chairman	Name:	□Chairman N	ame:
□Vice Chairman	Address:	□Vice Chairman A	ddress:
□Director		□Director _	
□President		□President	
□Vice President		□ Vice President _	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	□Other
□Chairman	Name:	□Chairman N	ame:
□Vice Chairman	Address:	□Vice Chairman A	ddress:
□Director		□Director _	2000
□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 anadded to the index when filing your Florida Depar	attachment will be imaged for tment of State Annual Repo	or reporting purposes only, Non-indexed rt form.
12.	/s/ Nha	m Vo	
	Signature of Direct	or or Officer	
	ctor signing this document (and who is listed in num also information submitted in a document to the Dep	nber 11 above) affirms that t	
1.2	Nhar	n Vo, CEO	

(Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY "PROPCENTS, 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 NINETEENTH DAY OF JULY, 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 "PROPCENTS, INC."

WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2022.

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

TAYS OF THE PARTY OF THE PARTY

Authentication: 203777416

Date: 07-19-23