# F23000004359

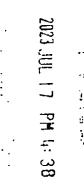
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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### **COVER LETTER**

<b>TO:</b> Registration Sect Division of Corpo				
SUBJECT: KTEC Clea	nroom Systems, Inc.			
30bme1	Name of c	orporation -	must include suffix	
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence, above referenced foreign	" or "Certificate of	Good Standi	ng" and check are subm	Business in Florida," itted to register the
Please return all correspo	ndence concerning	this matter to	the following:	
Kelly Quintanilla				
		Name of Pe	erson	
KTEC Cleanroom Systems.	, Inc			
		Firm/Compa	ıny	
5040 East State Hwy 29				
		Addres:	;	
Georgetown, TX 78626				
		ity/State and	l Zip code	
kellyq@kteccleanrooms.co				
	E-mail address: (t	o be used for	future annual report no	stification)
For further information e	oncerning this matt	er, please cal	1:	
Kelly Quintanilla	at	(512	388-2396	
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		
Enclosed is a check for the Please make check payable ☐ \$70.00 Filing Fee	he following amounto: FLORIDA DEP.  S78.75 Filing becomes Certificate of S	ARTMENT ( Fee &	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.

KTEC Cleanroom	m Systems, Inc.				
(Enter name of co	orporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION	√,"		
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transactin	g business in Florida)		
Texas	3.				
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)			
05/01/1997 4.	5				
(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)		
5					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150		ity)		
5040 East State H	lwy 29 Georgetown, TX 78626				
, . <u> </u>	(Principal office	street address)			
	(Current mailing	address, if different)			
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	2023 JUL 17		
Name:	Registered Agent Solutions, Inc.		j		
Office Address:	2894 Remington Green Ln. Ste. A	<u></u>	23 JUL 17 PH		
	Tallahassee	. Florida 32308	37		
	(City)	(Zip code)	37		
Having been nam designated in this further agree to c	ent's acceptance; ned as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel with and accept the obligations of my posi	ent as registered agent and agr lative to the proper and comple	ee to act in this capacity.		
	is tayeview	Samantha Niels, Assistan	t Secretary		
	(Registered agent's sig	nature)			
	certificate of existence duly authenticated, n	1 00 1 1 1	The court of the court of the court		

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]:

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 5040 East State Hwy 29	☐ Vice Chairman	Address:	
Director	Georgetown, TX 78626	Director		
■ President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President	<del></del>	
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other		□Other	<u>-</u> _	□Other
□Chairman	Name;	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director	_ <del></del>	
□President		□President		
□Vice President		□Vice President		
☐Secretary	☐ Treasurer	□ Secretary		□Treasurer
□Other		□Other		□Other
Important Notice; individuals may b	Use an attachment to report more than six (6). To eadded to the index when filing your Florida De	epartment of State Annual R	eport form.	
12.	Signature of Di	rector or Officer		
The officer or dire she is aware that to s.817.75.75.	ector signing this document (and who is listed in false information submitted in a document to the	number 11 above) affirms the Department of State constitu	nut the facts sta utes a third deg	ated herein are true and that he gree felony as provided for in

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, Certificate of Formation for KTEC CLEANROOM SYSTEMS, INC. (file number 801288014), a Domestic For-Profit Corporation, was filed in this office on June 29, 2010.

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 July 10, 2023.



gave Helson

Jane Nelson Secretary of State