(	Requestor's Name)	
(	Address)	
(	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(	Document Number)	
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## **COVER LETTER**

, 10 - Land

TO:	Registration Section Division of Corporation				
SUBJ	JECT:	iConstruct of Te	xas, Inc.		
		Name of corpora	ation - mu	st include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence,"	by Foreign Corporation or "Certificate of Good orporation to transact bu	Standing	and check are subr	
Please	return all correspon	dence concerning this m	atter to th	e following:	
		Brian Ca	sey		
		Name	e of Perso	on	
		iConstruc	ct. Inc.		
-			Company	,	<del>-</del>
		1333 W. McE	Dermott D	rive, Suite 200	
		A	ddress		
		Allen, Texas	s 75013		
	···	City/Sta	ate and Z	p code	
		bcasey@iconstruc	cttx.com		
		E-mail address: (to be us	sed for fu	ture annual report n	otification)
For fu	rther information co	ncerning this matter, plea	ase call:		
Briar	n Casey	at ( 469	9 )	519-7905	
Name of Person Area Co  STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Code	Daytime Teleph	one Number
			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please		following amount: o: FLORIDA DEPARTM S78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified 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.

1.	iConstruct,	nc.		
	(Enter name of corp "Inc.," "Co.," "Corp	poration; must include "INCORPORATED," 'p," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION,"	•
	iConstruct	of Texas, Inc.		
	(If name unavailab	le in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)
2.	Texas	3	26-3935281	
	(State or country	under the law of which it is incorporated)	(FEI number, if appl	icable)
4.	12/23/2008	5	perpetual	
		f incorporation)	(Date of duration, if other tha	an perpetual)
6.	Have not co	onducted business in Florida		
٠.		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)  2, F.S., to determine penalty liability	)
7	1333 W. Mo	Dermott Drive, Suite 200, Allen, TX 75013	3	
		(Principal office	street address)	
	same as a	bove		<del></del>
		(Current mailing	address, if different)	
×	Name and street	address of Florida registered agent: (P.O.	Box NOT acceptable)	20:
.,	Name:	Capitol Corporate Services, Inc.	_ <del>_</del>	
C	Office Address:	515 East Park Avenue, 2nd Floor		
		Tallahassee	, Florida <u>32301</u>	
		(City)	(Zip code)	
9	. Registered age:	nt's acceptance:		Fig. 5n
H d	laving been name lesignated in this course to co	nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointm apply with the provisions of all statutes re with and accept the obligations of my pos	lative to the proper and complete	
		an el Harria; his (Registered agent's sig	gnature)	

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

100

□ Chairman	Name: _	Brian Casey	☐ Chairman	Name: _	Miles Gee
□Vice Chairman	Address:	1333 W. McDermott Drive Allen, TX 75013	□Vice Chairman	Address	1333 W. McDermott Drive 31 Allen, TX 75013
□Director			☐Dir <del>e</del> ctor		
	Brian C	Casey	□President		
□Vice President			<b>⊠</b> Vice President	Mile	s Gee
Secretary		☑Treasurer - Brian Casey	Secretary		☐ Treasurer
Other		□ Other	□Other		Other
☐ Chairman	Name: _	Tom Young 1333 W. McDermott Drive	□ Chairman	Name: _	
□Vice Chairman	Address:	Allen, TX 75013	☐ Vice Chairman	Address	s:
Director			☐ Director		
□President			□President		
□Vice President			□Vice President		
Secretary		Treasurer	Secretary		☐Treasurer
⊠Other Officer		□ Other	Other		☐ Other
☐ Chairman	Name: _		□ Chairman	Nате: _	
□Vice Chairman	Address		□Vice Chairman	Address	s:
□Director			Director		
□President			□President		
□Vice President			□Vice President		
□Secretary		☐Treasurer	Secretary		☐Treasurer
Other		□ Other	Other		□ Other
Important Notice: individuals may be	Use an atte	achment to report more than six (6). The index when filing your Florida Dep	ne attachment will be image partment of State Annual Ro ector or Officer	eport form	n.
The officer or dire she is aware that f. s.817.155, F.S.	ector signir alse inform	ag this document (and who is listed in ration submitted in a document to the I	number 11 above) affirms th	hat the fac	ts stated herein are true and that he or
13.	Brian	n Casey, President			

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

# 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 iConstruct, Inc. (file number 801067021), a Domestic For-Profit Corporation, was filed in this office on December 23, 2008.

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 17, 2023.



Jane Nelson Secretary of State

Phone: (512) 463-5555 TID: 10264 Prepared by SOS-WEB

Dial: 7-1-1 for Relay Services Document, 1267462020002