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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Confloring Conflor |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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FILED 2023 SEP 12 PH 4: 16 SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|------------------------|--|--|--|
| SUBJECT: EASI Texas Inc. | | | | |
| | of corporation - m | ust include suffix | | |
| Dear Sir or Madam: | | | | |
| The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to | e of Good Standing | g" and check are subm | | |
| Please return all correspondence concern | ning this matter to t | he following: | | |
| Yvette Adriano | | | | |
| | Name of Pers | on | | |
| EASI Texas Inc. | | | | |
| | Firm/Compan | у | | |
| 1109 W. Nolana Ave. Suite 104 | | | | |
| | Address | | | |
| McAllen, Texas 78504 | | | | |
| | City/State and 2 | Cip code | | |
| yadriano@borpeo.com | | | | |
| E-mail addres | ss: (to be used for f | uture annual report no | tification) | |
| For further information concerning this | matter, please call: | | | |
| Yvette Adriano | 956 | le Daytime Telephone Number | | |
| 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 following am Please make check payable to: FLORIDA I | DEPARTMENT OF ng Fee & | STATE 8.75 Filing Fee & ertified 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.

| | | II WOOMEN AND A TOO | f 19 | | |
|--|--|---|--|--|--|
| ше, со., с | orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.") | ," "COMPANY," "CORPORATION | (, " | | |
| | | | | | |
| (If name unavails | able in Florida, enter alternate corporate name | adopted for the purpose of transactin | g business in Florida) | | |
| TEXAS | 3 | 42-1612818 | | | |
| (State or country under the law of which it is incorporated) | | (FEI number, if applicable) | | | |
| 07/23/2003 | 5 | perpetrual | | | |
| | of incorporation) | (Date of duration, if other t | han perpetual) | | |
| September 8, 20 | 23 | | | | |
| - | (SEE SECTIONS 607.1501 & 607.1 | n Florida, if prior to registration) 502, F.S., to determine penalty liabili | ty) | | |
| , 1109 W. Nolana / | Ave. Suite 104 McAllen, Texas 78504 | | | | |
| · | | ice street address) | | | |
| 1109 W. Nolana | Ave. Suite 104 McAllen, Texas 78504 | | | | |
| | (Current mailir | ng address, if different) | <u> </u> | | |
| | | | | | |
| | | | | | |
| . Name and stree | et address of Florida registered agent: (P.C | D. Box <u>NOT</u> acceptable) | | | |
| Name and stree | et address of Florida registered agent: (P.C COGENCY GLOBAL INC | D. Box <u>NOT</u> acceptable) | 202 SE | | |
| Name: | ·· ······ | O. Box <u>NOT</u> acceptable) | 2023 SEF SEGRET | | |
| Name: | COGENCY GLOBAL INC | | | | |
| Name: | COGENCY GLOBAL INC 115 NORTH CALHOUN ST. STE 4 | O. Box NOT acceptable) , Florida 32301 (Zip code) | 2023 SEP 12 PH SECRETARY OF TALLAHASSI | | |
| Name: Office Address: | COGENCY GLOBAL INC 115 NORTH CALHOUN ST. STE 4 TALLAHASSEE, FL (City) | , Florida 32301 | 12 PM 4 ARY OF S CHASSES | | |
| Name: Office Address: | COGENCY GLOBAL INC 115 NORTH CALHOUN ST. STE 4 TALLAHASSEE, FL | , Florida 32301 (Zip code) | 12 PM 4: ARY OF STA | | |
| Name: Office Address: Registered age Having been name this | COGENCY GLOBAL INC 115 NORTH CALHOUN ST. STE 4 TALLAHASSEE, FL (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment. | , Florida 3230} (Zip code) ice of process for the above stated ment as registered agent and agre | Corporation at the place to act in this capaci | | |
| Name: Office Address: Registered age Having been name lesignated in this further agree to contact the second sec | COGENCY GLOBAL INC 115 NORTH CALHOUN ST. STE 4 TALLAHASSEE, FL (City) ent's acceptance: ed as registered agent and to accept servi | , Florida 32301 (Zip code) ice of process for the above stated ment as registered agent and agreelative to the proper and complete | Corporation at the place to act in this capaci | | |
| Name: Office Address: | COGENCY GLOBAL INC 115 NORTH CALHOUN ST. STE 4 TALLAHASSEE, FL (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of all statutes responses. | , Florida 32301 (Zip code) ice of process for the above stated ment as registered agent and agreelative to the proper and complete | Corporation at the place to act in this capaci | | |
| Name: Office Address: Registered age faving been name lesignated in this jurther agree to condition and I am familiar | COGENCY GLOBAL INC 115 NORTH CALHOUN ST. STE 4 TALLAHASSEE, FL (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes rewith and accept the obligations of my positions. | , Florida 32301 (Zip code) ice of process for the above stated ment as registered agent and agreelative to the proper and complete | Corporation at the place to act in this capaci | | |

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: ANTHONY JOHNSON | Chairman | Name: | | | | |
| □Vice Chairman | Address: 3615 Broadway St. Ste 2 San Anto | □Vice Chairman | Address: | | | | |
| □Director | | 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 | | | | | |
| □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 | | | | | |
| □Vice President | | ☐ Vice President | | | | | |
| Secretary | Treasurer | Secretary | | ☐Treasurer | | | |
| Other | Other | Other | | Other | | | |
| | Use an attachment to report more than six (6). The ate added to the index when filing your Florida Department | nent of State Annual Re | eport form. | | | | |
| 12 | | | | | | | |
| -· <u></u> | Signature of Director | or Officer | | | | | |
| she is aware that fa s.817.155, F.S. | ctor signing this document (and who is listed in numbalse information submitted in a document to the Department | ber 11 above) affirms th | nat the facts sta | ted herein are true and that he or | | | |
| 13. Anthony Joh | nnson, President | | | | | | |
| (Typed or printed name and capacity of person signing application) | | | | | | | |

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 Incorporation for EASI Texas Inc. (file number 800227472), a Domestic For-Profit Corporation, was filed in this office on July 23, 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 August 17, 2023.



Jane Melson

Jane Nelson Secretary of State

x: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1275564130002

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