F23000005420

/Pag	uestor's Name)	
(nec	tuesioi s ivame)	
(Add	iress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
_		_
(Bus	iness Entity Nam	ie)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	•	
:		
W23 00013	3489	

Office Use Only



100413194831

2023 SEP 28 AM 9: 45

APPROVED AND

RECEIVED

OCT - 3 2023 K. Brumbley



September 29, 2023

CT CORP

, UT

SUBJECT: CONETEC, INC. Ref. Number: W23000133489

CORRECTED
Please Allow For
Same File Date

We have received your document for CONETEC, INC. and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$900.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway Regulatory Specialist II

Letter Number: 723A00022579

14 24 S

CT CORP

(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

09/28/2023

D	ote: 09/28/2023		- w: DW
		Acc#I20160000072	4: () = V
Name:	ConeTec In	C.	
Document #:			
Order #:	71116984		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🚺	Certified: Plain: COGS:		Email Address for Annual Report Notification
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	:Amount:	\$ 9 70.00	

Thank you!

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.

	orporation; must include "INCORPORATE	D."	"COMPANY," "CORPORATION,	•••		_
"Inc.," "Co.," "Co	orp." "Inc." "Co." or "Corp.")					
(If name unavaila	ible in Florida, enter alternate corporate nar	ne ac	dopted for the purpose of transacting	business ir	Flori	da)
2. Washington			911409034			
(State or country	y under the law of which it is incorporated)		(FEI number, if app	licable)		
4. 01/19/1988		5.	Perpetual			
(Date	of incorporation)		(Date of duration, if other th	an perpetu	al)	
6. 12/22/2017						
	(Date first transacted busines (SEE SECTIONS 607.1501 & 60	ss in 7.15(Florida, if prior to registration) 2, F.S., to determine penalty liability	y')		
7, 3750 West 500 Sc	outh, Salt Lake City, UT 84104					
	(Principal	offic	e <u>street</u> address)	 -	~	
PO Box 22082 S	alt Lake City, UT 84122			<u> </u>	023	
<u>v e</u> xt	(Current ma	ailing	address, if different)		SEP 28	전 교통학
8. Name and stree	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	: <u></u> 	8 At	LEO NO ROYEU
Name:	C T Corporation System					<u>-</u>
Office Address:	1200 South Pine Island Road			**3*	<u>5</u> † :6	
	Plantation		, Florida <u>33324</u>			
	(City)		(Zip code)			
designated in this further agree to c and I am familia	ned as registered agent and to accept so application, I hereby accept the appointments with the provisions of all statuter with and accept the obligations of my CT Corporation System	intm es re	ent as registered agent and agre clative to the proper and complet	e to act in	thus c	зарасну. 1
$\underline{\mathbf{B}}$	V: (P	· ` a a:	gnature) Ternell Kearney As	 sistant	Secr	etary
	(Registered agent	. 5 51	gnature) to the transfer of			

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]:

A. DIRECTORS			0.1.5
Chairman	Name: James Sharp	Chairman	Name: Seth Pearlman
□Vice Chairman	Address: 3750 West 500 South	☐Vice Chairman	Address: 3750 West 500 South
⊞Director	Salt Lake City, UT 84104	Director	Salt Lake City, UT 84104
■ President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	□ Other
□ Chairman	Name: Ian Luu	□ Chairman	Name:Marc Lacazedieu
□Vice Chairman	2750 West 500 South	□Vice Chairman	Address: 3750 West 500 South
□ Director	Salt Lake City, UT 84104	■Director	Salt Lake City, UT 84104
□President		□President	
□ Vice President		□Vice President	
■ Secretary	☐Treasurer	Secretary	□Treasurer
Other	Other	Other	□Other
-	Name: lan Luu	□ Chairman	Name:
□ Chairman			Address:
□Vice Chairman	Address: 3750 West 500 South Salt Lake City, UT 84104		Audicss.
□Director	San Lake City, 01 64104	□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	■ Treasurer	Secretary	Treasurer
□Other	Other	Other	Other
Important Notice individuals may b	: Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment and added to the index when filing your Flatida Department.	ent of State Annual R	eport form.
12	Signature of Director	or Officer	
she is aware that s.817.155, F.S.	ector signing this document (and who is listed in number false information submitted in a document to the Depar	er II above) affirms t	hat the facts stated herein are true and that he o
13. Ian Luu, Cl	(Typed or printed name and capacity of pers	son signing application	n)
	(Typed or printed name and capacity of pers	our signing applicano	•••



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

CONETEC, INC.

1 CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/19/1988.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/27/2023 UBI Number: 601 065 009

STATE OF WASHING TO THE TOTAL THE TO

11/2/12

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

the R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 09/27/2023