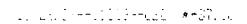
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(Re	equestor's Name)			
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

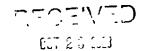
Office Use Only



500417788415







COVER LETTER

TO:	Registration Section Division of Corpor				
SHRI	ECT: TAPROOT S	OLUTIONS INC			
5 ()		Name of corporation	n - must include suffix		
Dear S	Sir or Madam:				
"Certi	ficate of Existence,"	by Foreign Corporation for or "Certificate of Good State orporation to transact busine	nding" and check are sub	et Business in Florida." mitted to register the	
Please	return all correspond	dence concerning this matte	er to the following:		
PURN	IMA GOVADA				
-		Name of	Person		
TAPR	OOT SOLUTIONS IN	С			
		Firm/Cor	npany		
317 Rz	ANCH ROAD 620 S S	TE 302F			
		Addı	ress		
LAKE	WAY, TX and 78734				
		City/State a	and Zip code		
SRI@	TAPROOT-SOLUTIO				
		E-mail address: (to be used	for future annual report n	otification)	
For fu	rther information cor	ncerning this matter, please	call:		
PURN	IMA GOVADA	at (408-431-9090	Daytime Telephone Number	
	Name of Person	Area Coo	de Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please		; FLORIDA 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.

L TAPROOT SOL	UTIONS INC				
	orporation; must include "l orp," "Inc," "Co," or "Corp		" "COMPANY." "CORPORATIO	N,"	
(If name unavails	able in Florida, enter altern	nate corporate name	adopted for the purpose of transacti	ng business in Florida)	
2. TEXAS		3.			
(State or countr	y under the law of which it	t is incorporated)	(FEI number, if a	pplicable)	
4. 09/26/2012		5.	Prepetual		
(Date	of incorporation)		(Date of duration, if other	than perpetual)	
6. Upon Registra	ation				
o	(Date first tr		n Florida, if prior to registration) 502, F.S., to determine penalty liabil	lity)	
7 317 RANCH RO.	AD 620 S STE 302F LAKI	EWAY, TX 78734			
···		(Principal off	ice street address)	.e.	
317 RANCH RO	AD 620 S STE 302F LAK			2023 0CT SECRET	77
		(Current mailir	ng address, if different)		CALPER CALPER
Name:	InCorp Services, Inc. 3458 Lakeshore Drive	stered agent: (P.C	D. Box <u>NOT</u> acceptable)	23 AM II: 49 TAPY OF STATE	J
Office Address:	Jaco Edited Dive	_		f*1)	
	Tallahassee		Florida <u></u>		
	(Cit	ty)	(Zip code)		
designated in this further agree to c and I am familiar —	ed as registered agent a application, I hereby acomply with the provision with and accept the obj	recept the appoints as of all statutes religations of my polygenus and the Registered agent's s		ree to act in this capac ete performance of my Services, Inc.	rity. I duties
10. Attached is a	certificate of existence d	luly authenticated.	not more than 90 days prior to d	lelivery of this applicat	tion to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS PURNIMA GOVADA Name: _____ □ Chairman Name: □ Chairman **401 GOLDEN BEAR DRIVE** □ Vice Chairman Address: Address: _ □ Vice Chairman AUSTIN, 78738 □Director □ Director □President President ☐ Vice President □ Vice President ___ ☐ Treasurer □Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ □ Chairman □Chairman Address: ______ ☐ Vice Chairman □Vice Chairman Address: _____ □Director □ Director □President □President ☐ Vice President □Vice President ☐Treasurer □ Treasurer □ Secretary □ Secretary □Other _____ □Other _____ ☐Other _____ ☐Other _____ □ Chairman Name: _____ □ Chairman Name: _____ □ Vice Chairman Address: _____ ☐ Vice Chairman Address: _____ □ Director □Director □President □President ☐ Vice President □Vice President __ □ Treasurer □Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □ Other ______ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

PURNIMA GOVADA

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



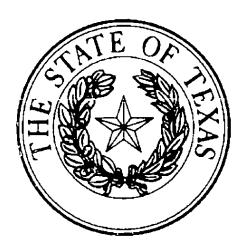
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TAPROOT SOLUTIONS INC (file number 801660981), a Domestic For-Profit Corporation, was filed in this office on September 26, 2012.

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 October 06, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

gave-Helion

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services

Document: 1292289710002

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 TID: 10264