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COVER LETTER

~	tration Sectior ion of Corpora				
SUBJECT:	Exponential Te	echnology Group, Inc.			
o by ne r.		Name of corpo	oration - i	nust include suffix	
Dear Sir or M	adam:				
"Certificate of	f Existence," o		d Standir	ng" and check are subr	t Business in Florida." mitted to register the
Please return a	all correspond	ence concerning this	matter to	the following:	
Tax Departmen	nt				
		Na	me of Pe	rson	
Exponential Te	echnology Grou	o, Inc.			
		Firm	n/Compa	ny	
5050 Mark IV	Parkway				
		··	Address		
Fort Worth, TX	۲6106				
		City/S	State and	Zip code	
JoAnn.Garcia@	@xponentialgro	ip.com			
,	E	-mail address: (to be	used for	future annual report no	otification)
For further in	formation con	erning this matter. p	lease call	:	
JoAnn Garcia		683 at (<u>.</u>	348-3569 Daytime Teleph	
Namo	e of Person	Are	ea Code	Daytime Teleph	none Number
Regis Divis The C 2415	EET/COURIE tration Section ion of Corpora Centre of Talla N. Monroe Str nassee, FL 32.	tions nassee eet, Suite 810		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations
Enclosed is a Please make ch ☐ \$70.00 Fili	eck payable to:	ollowing amount: FLORIDA DEPART \$78.75 Filing Fee & Certificate of Statu	: DD/S	F STATE 178.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certificate of Status &

· 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.

Exponential Tec	hnology Group, Inc.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavails	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting b	ousiness in Florida)
Delaware 2.	3.	2-0656860	
0.5/3.5/3.03.1	y under the law of which it is incorporated)	(FEI number, if appli	r
(Date	(Date of incorporation) 5(Date of duration, if other		n perpetual)
6. 07/08/2023			
7. 5050 Mark IV Pa	rkway Ft. Vorth, TX 76106 (Principal office	e street address)	
	(Current mailing	address, if different)	Z: .
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Corporation Service Company	<u></u>	2
Office Address:	1201 Hays Street		ر <u>ي</u> د
	Tallahassee	. Florida 32301	´သ ယ
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Lea Rees Assistant Secretary on behalf of CSC

(Registered agent's signature)

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:	□ Chairman	Name:			
□ Vice Chairman	Address: 5050 Mark IV Parkway	□Vice Chairman	Address:			
□Director	Fort Worth, TX 76106	□Director				
■President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary		Treasurer		
Other	□Other	□Other		□Other		
☐ Director ☐ President	Name:	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President	Address:			
Secretary	T reasurer	□Secretary		☐Treasurer		
Other	□ Other	□Other		□Other		
□Chairman □Vice Chairman □Director	N'ame:	□Chairman □Vice Chairman □Director				
President		□President		-		
□ Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary		Treasurer		
□Other	Other	□Other		Other		
The officer or direct she is aware that fars.817.155, F.S.	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director Signature of Director signing this document (and who is listed in numbers in a document to the Department of Director Signature of Director signing this document (and who is listed in numbers in a document to the Department of Director Signature of Director signing this document (and who is listed in numbers of Director).	nent of State Annual Resident of State Annual	eport form.	I herein are true and that he or		
JoAnn Garcia, Treasurer, Controller North America						



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EXPONENTIAL TECHNOLOGY GROUP, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF SEPTEMBER,

A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXPONENTIAL TECHNOLOGY GROUP, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 204175117

Date: 09-15-23