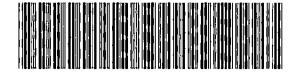
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(C	City/State/Zip/Phone #)	_
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### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/ \**℃**2023

**NAME**: WTI BOYD COMPANY

TYPE OF FILING: APPLICATION

COST: 78.75

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

~	istration Section sion of Corpora				
SUBJECT:	WTI Boyd Con	ipany			
COBCLCT	•	Name of corpora	tion -	must include suffix	
Dear Sir or N	vladam:				
"Certificate of	of Existence," c	oy Foreign Corporation r "Certificate of Good S rporation to transact bu	Standii	ng" and check are sub-	et Business in Florida," mitted to register the
Please return	all correspond	ence concerning this ma	itter to	the following:	
	<u></u>	Name	of Pe	rson	
WTI Boyd Cor	mpany				
	······································	Firm/C	Jompa	ny	
210 Largent					
		A	ddress		
Lufkin, TX 759	904				
		City/Sta	te and	Zip code	
tboyd@wtiboy	d.com				
	E	-mail address; (to be us	ed for	future annual report of	otification)
For further in	nformation conc	erning this matter, plea	se call	:	
Tammy Boyd		936 at (	)	634-2405	
Narr	ne of Person	Area (		Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	heck payable to:	ollowing amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	<b>□</b> \$	F STATE 78.75 Filing Fee & Tertiñed Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

AN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

I WTI Boyd Com	pany			
(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORATED," [orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	)N,"	
Work Truck Insu	urance Services			
(If name unavail	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ng business in Florida)	
Texas		39-2073669		
04/01/2009	ry under the law of which it is incorporated)	(FEI number, if applicable)		
(Date of incorporation) 5.		(Date of duration, if other than perpential)		
5.				
, 210 Largent, Lufk		e <u>street</u> uddress)		
<del></del>	(Current mailing	address, if different)		
Name:	et address of Florida registered agent: (P.O. Northwest Registered Agent LLC 7901 4th St N STE 300	Box NOT acceptable)	2023 DEC 19	
Office Address:		<u> </u>		
	St. Petersburg	Florida	<u>۔</u> ب	
	(City)	(Zip code)	07	

#### 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.

(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	Jay Boyd Name:	□ Chairman	Name:1836 Fenley Flat Rd Address:	
`□Vice Chairman	Address:			
□ Director	Pollok, TX 75969	I = 15:	Pollok, TX 75969	
□ President		□President		
□Vice President		□ Vice President		
C Secretary	□ Treasurer	☑ Secretary	☑ Treasurer	
COther	C)ther	⊆Other	[Other	
⊏Chairman	Name:	□Chairman :	Name:	
□ Vice Chairman	Address:		Address:	
Director	•			
⊏President		□ President _		
□Vice President		□Vice President		
☐ Secretary	□ Treasurer	□ Secretary	CTreasurer	
□Other	Cither	□Other		
□ Chairman	Name:	□Chairman N	fame:	
	Address:		Address:	
□ Director		□Director _		
□ President _		□President _		
□Vice President _		□Vice President _		
□ Secretary	□Treasurer	☐ Secretary	□ Treasurer	
□Other	Cother	COther	COther	
Important Notice: Us individuals may be a	se an attachment to report more than six (6). The dded to the inter-when filing your Florida Dep	e attachment will be imaged fo artment of State Annual Repo	or reporting purposes only. Non-indexed it form,	
	Signature of Direc	ctor or Officer		
s.817.155, F.S.	or signing this document (and who is listed in nue information submitted in a document to the D	umber 11 above) affirms that t epartment of State constitutes	he facts stated herein are true and that he or a third degree felony as provided for in	
13. Jay Boyd, Presi	<u></u>			

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



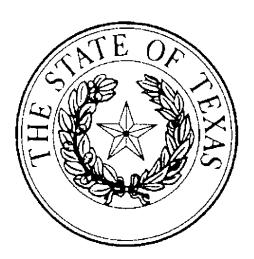
# Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for WTI Boyd Company (file number 800958841), a Domestic For-Profit Corporation, was filed in this office on April 01, 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 December 01, 2023.



gave Helson

Jane Nelson Secretary of State