Florida Department of State

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(((H24000183812 3)))



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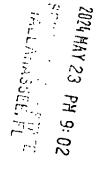
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FOREIGN PROFIT/NONPROFIT CORPORATION (1)

TRANSAX, INC.

Certificate of Status	0
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May 23, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HILL WARD HENDERSON

SUBJECT: TRANSAX, INC. REF: W24000078905

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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

Ariel Jones Regulatory Specialist II Registration Section FAX Aud. #: H24000183812 Letter Number: 724A00011302

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.

(If name unavail	able in Florida, enter alternate corporate r	name adopted for the purpose of transacting but	siness in Florida)
Delaware		d) (FEI number, if applica	
(State or count)	y under the law of which it is incorporate	d) (FEI number, if applica	ible)
May <u>20</u> , 2024		5. (Date of duration, if other than	
(Date	of incorporation)	(Date of duration, if other than	perpetual)
	(D . C		
		ness in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
7949 Midnight P	ass Road Sarass	ota FL	34242
		al office street address)	·
	(Current r	nailing address, if different)	
	(Current r) 20
Name and stree	(Current r		2024 H
_			2024 HAY
Name:	et address of Florida registered agent: Joshua D. Slabaugh		2024 HAY 23
Name:	Joshua D. Slabaugh 7949 Midnight Pass Road		2024 HAY 23 PA
Name:	Joshua D. Slabaugh 7949 Midnight Pass Road		2024 HAY 23 PH 9:
_	Joshua D. Slabaugh 7949 Midnight Pass Road		2024 HAY 23 PH 9: 07
Name:	Joshua D. Slabaugh 7949 Midnight Pass Road Sarasota (City)		2024 HAY 23 PH 9: 02
Name: ffice Address: Registered agaving been nan	Joshua D. Slabaugh 7949 Midnight Pass Road Sarasota (City) ent's acceptance: seed as registered agent and to accept	(P.O. Box NOT acceptable) , Florida 34242 (Zip code) service of process for the above stated core	poration at the pla
Name: ffice Address: Registered ag aving been nam signated in this	Joshua D. Slabaugh 7949 Midnight Pass Road Sarasota (City) ent's acceptance: seed as registered agent and to accept application, I hereby accept the application.	(P.O. Box NOT acceptable) , Florida 34242 (Zip code) service of process for the above stated corointment as registered agent and agree to	poration at the pla act in this capacit
Name: ffice Address: Registered ag aving been nan signated in this rther agree to c	Joshua D. Slabaugh 7949 Midnight Pass Road Sarasota (City) ent's acceptance: seed as registered agent and to accept application, I hereby accept the application.	(P.O. Box NOT acceptable) Florida 34242 (Zip code) service of process for the above stated corointment as registered agent and agree to the relative to the proper and complete pe	poration at the pla act in this capacit

^{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: _7949 Midnight Pass Road	□Vice Chairman	Address:			
□Director	Sarasota, FL 34242	□Director				
■ President	Joshua D. Slabaugh	□President				
□Vice President		□Vice President				
Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer			
■Other CEO	Other	□Other	☐Other			
□Chairman	Name:	□Chairm.vn	Name:			
□Vice Chairman	Address:	⊡Vice Chairman	Address:			
□ Director		□Director				
□President		President				
□Vice President		□Vice President				
Secretary	⊡Treasurer	□Sестеlary	□Treasurer			
Other	Other	□Other	□ Other			
□Chairman	Name:	□Chairman	Name:			
	Address:	□Vice Chairman				
□ Director		Director				
□ President		☐ President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	Secretary	☐ Treasurer			
□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.						
12	2. Josh Slabaugh 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.						

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

Joshua D. Slabaugh, President and CEO

<u>Delaware</u>

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

DELAWARE, DO HEREBY CERTIFY "TRANSAX, 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 TWENTY-SECOND DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANSAX, INC."

WAS INCORPORATED ON THE TWENTIETH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 203536099

Date: 05-22-24

3714424 8300 SR# 20242362161

You may verify this certificate online at corp.delaware.gov/authver.shtml