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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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K. SALY JUN - 4 2024

COVER LETTER

| | Registration Section Division of Corporations | | | | |
|---|---|----------------|--|--|--|
| SUBJECT: | Ram Quest Software, Inc. | | | | |
| Sobject. | Name of | corporation - | must include suffix | | |
| Dear Sir or M | adam: | | | | |
| "Certificate o | "Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran | Good Stand | ing" and check are submitte | | |
| Please return | all correspondence concerning | this matter to | o the following: | | |
| Heather A. Ma | y | | | | |
| | | Name of Po | erson | | |
| Old Republic | l'itle Tech Companies, Inc. | | | | |
| | · - | Firm/Comp | any | | |
| 6111 W. Planc | Pkwy Suite 3800 | | | | |
| | | Addres | s | | |
| Plano, TX 750 | 93 | | | | |
| | | City/State and | I Zip code | | |
| legal@ortitlete | ech.com | | | | |
| _ | E-mail address: (| to be used fo | r future annual report notif | cation) | |
| For further in | formation concerning this mat | ter, please ca | H: | | |
| Heather A. Ma | iy at | (| 943-5322 | | |
| Nam | e of Person | Area Code | Daytime Telephone | Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| | check for the following amounteck payable to: FLORIDA DEPing Fee | ARTMENT C | | \$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.

| (State or country under the law of which it is incorporated) July 2, 1998 (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6111 W. Plano Pkwy Suite 3800 Plano, TX 75093 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agent Solutions, Inc. 2894 Remington Green Lane Suite A | (If name unavailab | ele in Florida, enter alternate corporate name a | dopted for the purpose of transacting business | in Florida) |
|---|--|---|--|-------------------|
| July 2, 1998 5. (Date of incorporation) (Date of duration, if other than perpetual) | Texas | 3. | | |
| (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6111 W. Plano Pkwy Suite 3800 Plano, TX 75093 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agent Solutions, Inc. 2894 Remington Green Lane Suite A | (State or country | under the law of which it is incorporated) | (FEI number, if applicable) | |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6111 W. Plano Pkwy Suite 3800 Plano, TX 75093 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agent Solutions, Inc. 2894 Remington Green Lane Suite A | July 2, 1998 | | | |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6111 W. Plano Pkwy Suite 3800 Plano, TX 75093 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agent Solutions, Inc. 2894 Remington Green Lane Suite A | (Date o | f incorporation) | (Date of duration, if other than perpe | tual) |
| (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agent Solutions, Inc. 2894 Remington Green Lane Suite A | · | (SEE SECTIONS 607.1501 & 607.15 | | |
| (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agent Solutions, Inc. 2894 Remington Green Lane Suite A | 6111 W. Plano Pky | vy Suite 3800 Plano, TX 75093 | | |
| Three Address: | | | re <u>street</u> address) | 2024 K |
| Three Address: | | (Current mailing | g address, if different) | 350 |
| Three Address: | Name and street | address of Florida registered agent: (P.O | . Box <u>NOT</u> acceptable) | 烈, 3 |
| Three Address: | Name: | Registered Agent Solutions, Inc. | | FLOG |
| Tallaha 2008 | Office Address: | 2894 Remington Green Lane Suite A | | 10 |
| Florida 52508 | | Tallahassee | Florida | |
| (City) (Zip code) | | | (Zip code) | |
| . Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated corporation at t esignated in this application, I hereby accept the appointment as registered agent and agree to act in this co arther agree to comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent. | aving been name signated in this c rther agree to co | d as registered agent and to accept service application, I hereby accept the appointment apply with the provisions of all statutes re | ent as registered agent and agree to act i clative to the proper and complete perform | in this capacity. |

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 | | | | | | |
|--|---|------------------|-----------------|--|--|--|
| □Chairman | Name: Paula Maurstad | □Chairman | Name: | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| □Director | Suite 3800 | □Director | Suite 3800 | | | |
| President | Plano, TX 75093 | □President | Plano, TX 75093 | | | |
| □Vice President | | □Vice President | | | | |
| ☐ Secretary | □Treasurer | ■ Secretary | □Treasurer | | | |
| □Other | | □Other | □Other | | | |
| 7.0L : | Ben Corbett | | N. | | | |
| □Chairman _ | Name:11055 Wayzata Blvd Address: | □ Chairman | | | | |
| □Vice Chairman | Address: Minnetonka, MN 55305 | ☐Vice Chairman | Address: | | | |
| □Director | | □Director | | | | |
| □President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| ☐ Secretary | ■ Treasurer | ☐Secretary | □Treasure. 5 | | | |
| □Other | Other | □Other | | | | |
| □ Chairman | Name: | □Chairman | Name: | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| □Director | | □Director | | | | |
| □President | | □President | | | | |
| □Vice President | | □ Vice President | | | | |
| □Secretary | □Treasurer | ☐ Secretary | □Treasurer | | | |
| □Other | 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. Signature of Director or Officer | | | | | | |
| | etor signing this document (and who is listed in number | | | | | |

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.

3. Heather A. May, Secretary



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for RAM QUEST SOFTWARE, INC. (file number 149545100), a Domestic For-Profit Corporation, was filed in this office on June 26, 1998.

It is further certified that the entity status in Texas is in existence.

TILED RIVE

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 May 01, 2024.



Phone; (512) 463-5555

Prepared by: SOS-WEB

Jane Melson

Jane Nelson Secretary of State

(512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1360576140003