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AUG 2 3 2024

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LynkTek, Inc.	
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	nding" and check are submitted to register the
Please return all correspondence concerning this matte	r to the following:
Ron Moses	
Name of	Person
LynkTek, inc.	
Firm/Con	npany
4319 S National Ave #376	
Addr	ress
Springfield MO 65810-2607	
City/State a	and Zip code
rmoses@lynktek.io	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Ron Moses 417	814-5151
Name of Person Area Cod	
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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	T OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)
Delaware	·		,
(State or country	3. v under the law of which it is incorporated)	93-2590495 (FEI number, if appl	icable)
07/27/2023	5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
07/27/2023 - En	nployee started working in Florida performing	software development. NO other busi	ness in Florida
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15)
4319 S National /	Ave #376 - Springfield MO 65810-2607		
	(Principal offic	e <u>street</u> address)	
Name: Name: fice Address:	Aaron Rogers 15926 Splendid Oaks Ln Tavares	 , Florida	2024 AUG 20 PH 3: 07
	(City)	(Zip code)	 0
	nt's acceptance:		corporation at the

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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 Aaron Rogers Ron Moses Name: □Chairman □ Chairman 6272 S Hunters Trl 15926 Splendid Oaks Ln □Vice Chairman Address: □Vice Chairman Address: Springfield, MO 65810 Tavares, FL 32778 □Director Director □ President President □Vice President _____ ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ Other____ □Other _ _____ Kevin Williams Name: □ Chairman ☐ Chairman Name: 402 S Mumford Ave □Vice Chairman Address: _ ☐ Vice Chairman Address: Springfield, MO 65809 Director **■**Director ☐ President □President □Vice President _____ □Vice President ☐ Treasurer □ Treasurer □ Secretary □ Secretary □Other ____ □Other ...___ Other _____ ☐ Other Name: ☐ Chairman Name: Chairman □ Vice Chairman Address: ☐ Vice Chairman Address: _______ □ Director □ Director □ President □ President □Vice President __ □ Vice President □ Secretary ☐ Treasurer ☐ Secretary □ Treasurer □Other ______. □Other _____ □Other ______ Important Notice: Day 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

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 o 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.

Ron Moses - President & CEO



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

DELAWARE, DO HEREBY CERTIFY "LYNKTEK 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 FOURTEENTH DAY OF AUGUST, A.D. 2024.

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

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

WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2023.

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

TANKS OF THE PARTY OF THE PARTY

Authentication: 204160389

Date: 08-14-24