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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
24 NUG 25 AH 8: 31

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CEGA Innovations, Inc.			
	on - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the		
Please return all correspondence concerning this matt	ter to the following:		
Troy Tecklenburg			
Name o	of Person		
CEGA Innovations, Inc.			
Firm/Co	ompany		
4920 E 57th St			
Add	dress		
Sioux Falls, SD 57108			
City/State	and Zip code		
ttecklenburg@cegaco.com			
E-mail address: (to be used	d for future annual report notification)		
For further information concerning this matter, please	e call:		
Troy Tecklenburg at (605	at (605) 271-9241		
Name of Person Area Co			
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	NT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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 unavails	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Flo	rida)	
Delaware	elaware 3. 27-3902135			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
12/05/2016		5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)		
1920 E 57th St, S	ioux Falls, SD 57108			
	(Principal o	ffice street address)	~ <u></u>	
Same			10 to	
	(Current mai	ling address, if different)	24 NO 26	
Name and stree	et address of Florida registered agent: (F	P.O. Box NOT acceptable)		
Name:	Registered Agent Solutions, Inc.		₩ 8:	
fice Address:	2894 Remington Green Ln., Ste A		<u>د</u>	
	Tallahassce	, Florida 32308		
	(City)	(Zip code)		
. Registered ag laving been nam esignated in this urther agree to c	(City) ent's acceptance: led as registered agent and to accept sel application, I hereby accept the appoir omply with the provisions of all statutes with and accept the obligations of my	(Zip code) rvice of process for the above stated corporation a atment as registered agent and agree to act in this s relative to the proper and complete performance	capa	
	is of trayer will	Samantha Niels, Assistant Secretary		
	O (9			

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: Troy Tecklenburg 4920 E 57th St Address:				
□Vice Chairman	Address:	□Vice Chairman					
Director	Sioux Falls, SD 57108	Director	Sioux Falls, S	D 57108			
President		□President					
□Vice President		□Vice President					
Secretary	Treasurer	■ Secretary		■Treasurer			
□ Other	Other	Other		□ Other			
□Chairman	Ty White	□Chairman	Name:				
	4920 E 57th St Address:						
Director	Sioux Falls, SD 57108	Director					
□President		□President					
■Vice President		□Vice President					
Secretary	Treasurer	Secretary		□Treasurer			
□Other	Other	Other		□ Other			
□ Chairman	Name:	□ Chairman	Nome				
	Address:						
□Director		□Director					
□President		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.	Tron Tank	3 .					
<u></u>	Signature of Director of	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.							
13. Troy Tecklenburg C FO							



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

DELAWARE, DO HEREBY CERTIFY "CEGA INNOVATIONS, 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 TWELFTH 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 "CEGA
INNOVATIONS, INC." WAS INCORPORATED ON THE FIFTH DAY OF DECEMBER,
A.D. 2016.

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

LATE OF THE PARTY OF THE PARTY

Authentication: 204142210

Date: 08-12-24