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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088 5/19/2017 Date:___ Name: KENDALL HOWELL M089733 Reference #:____ Entity Name: VORTEX TURNKEY SOLUTIONS, LLC ☑ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion ☐ Dissolution/Withdrawal Fictitous Name

Authorized Amount: _	\$125.00	
Signature:		

Other _____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: VORTEX TURNKEY SOLUTIONS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") DELAWARE 46-2984091 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) NONE YET (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 9155 WALLISVILLE RD. HOUSTON, TX 77029 (Street Address of Principal Office) 9155 WALLISVILLE RD. HOUSTON, TX 77029 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee _____, Florida ___ (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: NICK BANCHETTI - 9155 WALLISVILLE RD., HOUSTON, TX 77029 COO $_$ MICHAEL VELLANO - 9155 WALLISVILLE RD., HOUSTON, TX 77029 CEO $_$ 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the continue is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any 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.

NICK BANCHETTI
Typed or printed name of signee

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VORTEX TURNKEY SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VORTEX TURNKEY SOLUTIONS, LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2013.

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

5348878 8300 SR# 20172179575

Authentication: 202306827

Date: 03-31-17

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