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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company **Vertex Holdings ELC**

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

IN COMPILANCE WITH SECTION 695.0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANYTOTRANSACT RUSINESS IN THE SEATE OF FLORIDA:

(Name of Foreign Lumited Liability Company; must include "Lamited Liability Company," "L.L.C." or "E.L.C.")  (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 "L.L.C.")  2. Wyoming	Vertex Holdings LLC	CENTES ENTITE STATE OF THE PARKET.	.}		
Liability Company, "L.E.C." or "L.E.C." or "L.E.C.")  2. Wyoming [Jurisdiction under the law of which foreign limited hability (FEI number, if applicable) company is organized)  4. N/A  [Date first transacted business in Florida, if prior to registration.] (See sections 603,0904 & 605,0905, F.S. to determine penalty liability)  5. 3030 N. Rocky Point Dr. Ste 150A, Tampa, FL 33607  (Street Address of Principal Office)  6. 3030 N. Rocky Point Dr. Ste 150A, Tampa, FL 33607  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:  Registered Address:  Office Address:  Office Address:  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agents Inc.  Office Address:  (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 places and this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I um familiar to accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	(Name of Fore	ign Limited Liability Company; must	t include "Limited Lial	bility Company," "L.L.C.," or "L	(CCT)
Using first transacted business in Florida, if prior to registration.)  (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)  5. 3030 N. Rocky Point Dr. Ste 150A, Tampa. FL 33607  (Street Address of Principal Office)  (Street Address of Principal Office)  (Nailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Registered Agents Inc.  Office Address: 3030 N. Rocky Point Dr. STE 150A    Tampa			of transacting busines	ss in Florida. The alternate name r	nust include "Limited
(Name: Registered Agents Inc.  Office Address: 3030 N. Rocky Point Dr. Ste 150A, Tampa, FL 33607  (Name: Registered Agents Inc.  Office Address: 3030 N. Rocky Point Dr. STE 150A  Tampa  (City)  Registered agent's acceptance:  Registered agent and to accept service of process for the above stated limited liability company at the places for a my position as registered agent.  Registered agent and complete performance of my duties, and I am familiar maccept 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:	2. Wyoming		3. N/A		<del> </del>
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		(Registe	ered agent's signature)		
	8. The name, title or capa	acity and address of the person(s)	who has/have author	rity to manage is/are:	
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9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in t	9. Attached is a certificate	of existence, no more than 90 day	vs old duly authentic	cated by the official having cu	stady of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under to	jurisdiction under the law	of which it is organized. (If the ce	ertificate is in a forei	gn language, a translation of th	ne certificate under oath
of the translator must be submitted)	of the translator must be su	ubmitted)	> —		
Tily Tark			Thy Tark.		
Signature of an authorized person		Signature	of an authorized perso	en — — — — — — — — — — — — — — — — — — —	
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 fellow as provided for in 5.817,155, F.S.					

Typed or printed name of signee

Riley Park

## STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

## Vertex Holdings LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 21**, **2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000743232**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of July, 2017 at 11:43 AM. This certificate is assigned 023649730.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.