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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number: I20160000086 Phone : (561)508-5033

Fax Number : (561)694-1639

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

Email Address:___ govdocs@unitedagentgroup.com

Foreign Limited Liability Company KBX Technology Solutions, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
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Help



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

| KBX Technology Solut | NNESS IN THE STATE OF FLORIDA: | | | |
|--|---|---|---------------------------------|--|
| | Lumited Liability Company; must include "Limited | Liability Company, "LLLC.," or "LLC.") | | |
| name unavaibbie enter alternate i | same adopted for the purpose of transacting hustness in Flo | da. The alternate name must include "Limited Liabilit | y Company," "L.L.C." or "LLC.") | |
| Delaware | | | | |
| (Jurisdiction under the law of w | hich foreign limited liability company a organized) | 3. (FEI number, if | applicable) | |
| | (Date first terms acted business in Florida, if prior to a (See sections 605 0404 & 605 0905, F.S. to determin | Euramou) | | |
| 4111 E. 37th Street No | orth | 4111 E. 37th Street North | | |
| reet Address of Principal Office) | · · · · · · · · · · · · · · · · · · · | 6. (Marting Address) | | |
| Wichita, KS 67220 | | Wichita, KS 67220 | | |
| | | | | |
| | ···· | | 2021 SEU | |
| Name and street addres | ss of Florida registered agent: (P.O. Box | NOT acceptable) | OCT - | |
| Name: | United Agent Group Inc. | ···· | AHASS | |
| Office Address: | 801 US Highway I | | AMII: 0 | |
| | North Palm Beach | 33408 , Florida | | |
| | (Cay) | (Zip code) | | |
| egistered agent's acceptaving been named as re | gistered agent and to accept service of patient, I hereby accept the appointment as | registered agent and agree to act in the | his capacity. I further agree | |
| comply with the provis | ions of all statutes relative to the proper s of my position as registered agent. | ина сотриет регуоттинсе ој ту авт | • , • • • , | |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

⊙ 10/06/2021 11:22 AM

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|------------------------------------|---------------------|------------------------------------|
| □Manager | Name: KBX Holdings, LLC | □Manager | Name: Michael Wilkes |
| ■Member | Address: 4111 E. 37th Street North | □Member | Address: 4111 E. 37th Street North |
| □Authorized | Wichita, KS 67220 | □Authorized | Wichita, KS 67220 |
| Person | | Person | |
| Other | □Other | President President | □Other |
| □Manager | Name: Ross A. Goering | □Manager | John Wingate Name: |
| — Member | Address: 4111 E. 37th Street North | □Member | Address: 4111 E. 37th Street North |
| □Authorized | Wichita, KS 67220 | □Authorized | Wichita, KS 67220 |
| Person | | Person | |
| Treasurer | Other | Other Secretary | □Other □ |
| □Manager | Name: Tracy Reiss | □Manager | Name: Claude D. Kirk |
| ☐ Member | Address: 4111 E. 37th Street North | □Member | Address: 4111 E. 37th Street North |
| □Authorized | Wichita, KS 67220 | ☐ Authorized | Wichita, KS 67220 |
| Person | | Person | |
| ■Other | lent Other | Other Assistant T | reasurer 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.

- 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 certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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.

| | 8). |
|--------------------------------|-----------------------------------|
| | Signature of an authorized person |
| Saray Djidji, Attorney in Fact | |
| | Exped or printed name of signee |

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "KBX TECHNOLOGY 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 FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KBX TECHNOLOGY SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER,

A.D. 2020.

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

Authentication: 204331510

Date: 10-05-21