# orida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:\_

#### Foreign Limited Liability Company TEKTON RESEARCH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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#### COVER LETTER

TO:	Registration Section Division of Corporations					
	Tekton Research, LLC					
SUBJ	ECT:					
	Name o	f Limited Liability Company				
		mpany for Authorization to Transact Business in Florida," Certificate of crenced foreign limited liability company to transact business in Florida.				
Please	e return all correspondence concerning this matter to the	he following:				
	Joanna King					
		Name of Person				
	JonesSpross					
	Firm/Company					
1605 Lakecliff Hills Lane, Suite 100						
	Address					
Austin, TX 78732  City/State and Zip Code  kip.mckenzie@tektonresearch.com						
						sed for future annual report notification)
				For fu	irther information concerning this matter, please call:	542
	Joanna Ki <b>n</b> g	512 297-9719				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
	Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPA  S125.00 Filing Fee S130.00 Filing Fee & Certificate of S	& 🛛 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate				

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### 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Tekton Research, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 20-5473961 Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 09/12/2023 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) Tekton Research, LLC Tekton HC, LLC (Street Address of Principal Office) (Mailing Address) 4534 West Gate Blvd #110 2100 McKinney Avenue, Suite 1760 Austin, Texas 78745 Dallas, Texas 75201 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CAPITOL CORPORATE SERVICES, INC. Name: 515 EAST PARK AVENUE 2ND FL Office Address: **TALLAHASSEE** 32301 , 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 comply with 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.

Bin Brelieti	
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Brian Radecki, Assistant Secretary, on behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

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

Title or Capacity:	<u>Name and Address:</u> Tekton HC, LLC	Title or Capacity:	Name and Address:
ÄlManager	Name:	□Manager	Name:
□Member	Z100 McKinney Avenue Address: Suite 1760	□Member	Address:
☐ Authorized Person	Dallas, TX 75201	☐ Authorized  Person	
Other	Other	Other	□Other
∏Manager	J. Kip McKenzie	∏Manager	Name:
□Member	4534 West Gate Blvd Address: Suite 110	□Member	Address:
□ Authorized  Person CEO	Austin, TX 78745	☐ Authorized Person	
⊠Other	Other	Other	Other
∐Manager	Name:	∐Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□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.

- 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 (4) (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.

	J. ty Meternie	
	Signature of an authorized person	
J. Kip McKenzie		
		 H23000323021
	Typed or printed rame of signee	1120000320021

## Delaware The First State

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "TERTON RESEARCH, 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 SECOND DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEKTON RESEARCH, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2023.

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

Authentication: 203876332

Date: 08-02-23