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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	EC INFOSYSTEMS, LLC	
		Name of Limited Liability Company
		polity Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this ma	atter to the following:
	JANIS BUCHANAN	
•		Name of Person
	CLARK HILL, PLC	
		Firm/Company
	1000 LOUISIANA, STE. 2800	
		Address
	HOUSTON, TX 77002	
		City/State and Zip Code
	jbuchanan@clarkhill.com	
	E-mail address:	(to be used for future annual report notification)
For fur	ther information concerning this matter, plea	ise call:
Janis Buchanan		713 951-5605
	Name of Contact Person	
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amore Please make check payable to: FLORIDA \$125.00 Filing Fee \$130.00 Filing Certification \$125.00 Filing Fee \$130.00 Filing Fee \$1	A DEPARTMENT OF STATE

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:

f name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alternate name must	include "Limited Lia	ibility Company," "L.L.C," or "	LLC."
Delaware		11-3387432 3			
(Jurisdiction under the law of w	J	(FEI number, if applicable)			
1 <u>1/01/21</u>	(Date first transacted business in Florida, if prior to	evistration)			
	(See sections 605.0904 & 605.0905, F.S. to determine	ne penalty liability)			
1321 Upland Dr., Ste.	8389, Houston, TX 77043	1321 Upland	Dr., Ste. 8389,	Houston, TX 77043	
treet Address of Principal Office)		6. (Mailing Add	fress)		~-
					-
					-
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		a	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		202	
Name and street address		NOT_acceptable)		2024 HI	٠
Name and street address Name:	Ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)		2024 HAR	٠
	Corporation Service Company	NOT acceptable)		2024 MAR 25	z
		NOT acceptable)		2024 HAR 25	
Name:	Corporation Service Company 1201 Hays Street	NOT acceptable)	32301	2024 MAR 25 PH	
Name:	Corporation Service Company 1201 Hays Street Tallahassee		32301 la	2024 MAR 25 PH 12: 2	
Name:	Corporation Service Company 1201 Hays Street			2024 MAR 25 PH 12:	
Name: Office Address:	Corporation Service Company 1201 Hays Street Tallahassee (City)	, Floric	(Zip code)	2024 MAR 25 PH 12: 28	F 3
Name: Office Address: egistered agent's acceptiving been named as re	Corporation Service Company 1201 Hays Street Tallahassee (City) Stance: egistered agent and to accept service of p	Floric	(Zip code)	2024 MAR 25 PH 12: 28	ر he pla
Name: Office Address: egistered agent's acceptaing been named as resignated in this applicate comply with the provis	Corporation Service Company 1201 Hays Street Tallahassee (City) otance: egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper	Floric process for the above s registered agent and	la (Zip code) stated limited l	liability company at the native capacity. I furt	he pla
Name: Office Address: degistered agent's acceptaving been named as reesignated in this application of the provise.	Corporation Service Company 1201 Hays Street Tallahassee (City) otance: egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper to of my position as registered agent.	Floric process for the above s registered agent and and complete perfori	la (Zip code) stated limited l	liability company at the native capacity. I furt	ther
Name: Office Address: egistered agent's accepaving been named as resignated in this applicate comply with the provis	Corporation Service Company 1201 Hays Street Tallahassee (City) otance: egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper	Floric process for the above s registered agent and and complete perfori	la (Zip code) stated limited l	liability company at the native capacity. I furt	her

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Vertex US Holdings, Inc.	□Manager	Name: Keith Foerster
■Member	Address: 1321 Upland Dr., Ste. 8389	□Member	Address: 1321 Upland Dr., Ste. 8389
Authorized	Houston, TX 77043	Authorized	Houston, TX 77043
Person		Person	
□Other	Other	Other	Other
∐Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	□Other	□Other	□Other

<u>Important Notice</u>: 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.

First F	Outstan Signature of an authorized person	
Keith Foerster		
	Typed or printed name of signee	

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

DELAWARE, DO HEREBY CERTIFY "EC INFOSYSTEMS, 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 EIGHTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EC INFOSYSTEMS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 202983365

Date: 03-08-24

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