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PICK-UP WAIT MAIL
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S. ROBERTS

COVER LETTER

	tration Section ion of Corporation	ns			
SHR IFCT.	TECHNIQUEX S	SPECIALTY FLOORIN	G, INC.		
SUBJECT.		Name of corporati	on - mus	st include suffix	
Dear Sir or M	adam:				
"Certificate o	f Existence," or "	Foreign Corporation for Certificate of Good Storation to transact busings	anding"	and check are sub-	et Business in Florida," mitted to register the
Please return	all corresponden	ce concerning this mat	ter to the	following:	
Baron Adelma	nn				
		Name	of Persor	1	
Techniquex Sp	ecialty Flooring, I	ic.			
		Firm/C	ompany		
9035 E Pima C	lenter Parkway, Su	ite 7			
		Ad	dress		
Scottsdale, Ari	zona 85258				
		City/State	and Zip	code	
payables@tech	=				
	E-n	nail address: (to be use	d for fut	ure annual report n	otification)
For further in	formation concer	ning this matter, pleas	e call:		
Terry Mullane		at () 43	4-6560 Daytime Teleph	
Nam	e of Person	Area C	ode	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	ing Fee 🔲 🖇	owing amount: ORIDA DEPARTME: 78.75 Filing Fee & Certificate of Status	□ \$78.	TATE 75 Filing Fee & ified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Techniquex Spe	cialty Flooring, Inc.		
••		orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION."	•
	Techniquex			
	(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting	business in Florida)
2.	Arizona	3	27-3329354	
	(State or countr	y under the law of which it is incorporated)	(FEI number, if appl	icable)
4.	07/22/2010	5	Perpetual	
	(Date	of incorporation)	(Date of duration, if other tha	an perpetual)
6.	May 2023			
			in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
7.	9035 E Pima Cen	ter Parkway, Suite 7, Scottsdale, Arizona 852	158	
• • •		(Principal of	fice street address)	
		(Current mail	ing address, if different)	
8.	Name and street	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	2025 11
	Name:	Northwest Registered Agent, LLC		1
0	ffice Address:	7901 4th St N STE 300		
		St. Petersburg	, Florida 33702	ڣ
		(City)	(Zip code)	16

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(D. Carlotte and C

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	•						
□Chairman	Name:	□Chairman	Name: Baron Adelmann				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	9035 E Pima Center Pkwy. Ste 7	□Director	9035 E Pima Center Pkwy, Ste 7				
President	Scottsdale, AZ 85258	□President	Scottsdale, AZ 85258				
□Vice President		□ Vice President					
Secretary	□Treasurer	■ Secretary	☐ Treasurer				
□Other		Other	Other				
□Chairman □Vice Chairman	Name:Address:	□Chairman	Name:				
Director	9035 E Pima Center Pkwy, Ste 7	□Director					
President	Scottsdale, AZ 85258	□President					
□Vice President		□Vice President					
Secretary	■ Treasurer	Secretary	☐ Treasurer				
□Other	Other	□Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
Director		□Director					
□President		President					
□Vice President		□Vice President					
Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	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. 12. Signature of Director or Officer							
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.							

13. Terry Mullane





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

1, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

TECHNIQUEX SPECIALTY FLOORING, INC.

ACC file number: 16167366

was incorporated under the laws of the State of Arizona on 07/22/2010;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 02/02/2023

Kim Battista, Interim Executive Director



