

F240000003649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certificates of Status _____

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08/14/24--01024--009 **78.75

2024 JUN 25 PM 4:52



COWEN EDWARDS
— TRIAL LAWYERS —
PERSONAL INJURY PERSONAL SERVICE

June 10, 2024

Via US Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Registration of Foreign Corporation- PTS Office Automation, Inc.

To whom it may concern,

Please find the enclosed Cover Letter, Application by Foreign Corporation for Authorization to Transact Business in Florida, Certificate of Existence from the Tennessee Department of State and check made out to the Florida Department of State in the amount of \$78.75 for Filing Fee and Certificate of Status. Please contact my office if you have any questions regarding this application.

RECEIVED

JUN 25 2024

Respectfully,

Paul D. Edwards, Esq.

COWEN EDWARDS, PLLC.

1512 E. Broward Blvd., Suite 101, Fort Lauderdale, FL 33301

Phone: 954-866-1138 | Fax: 954-393-0127

www.CowenEdwards.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PTS Office Automation, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Daniel Hale

Name of Person

PTS Office Automation, Inc.

Firm/Company

5430 Hilton Industrial Way

Address

Knoxville, Tennessee 37921

City/State and Zip code

dhale@paxistech.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Hale

at (865) 300-3833

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

RECEIVED

JUN 25 2024

**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. PTS Office Automation, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Paxis Technologies
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Tennessee 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/07/1981 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2290 10th Ave. N., Suite 301 Lake Worth, FL 33461
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

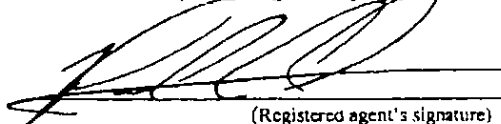
Name: Cowen Edwards, PLLC

Office Address: 1512 E. Broward Blvd. Suite 101

Port Lauderdale, Florida 33301
(City) (Zip code)

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.


(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2024 JUN 25 PM 4:52

A. DIRECTORS

☐ Chairman Name: Daniel Hale
☐ Vice Chairman Address: 5430 Hilton Industrial Way
☐ Director Knoxville, Tennessee 37921
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

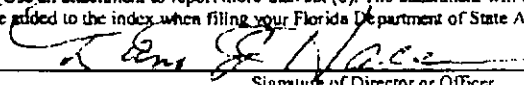
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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. Daniel Hale
(Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

PAUL EDWARDS
STE 101
1512 E BROWARD BLVD
FORT LAUDERDALE, FL 33301

May 29, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0585201

Issuance Date: 05/29/2024
Copies Requested: 2

Document Receipt

Receipt #: 009021603 Filing Fee: \$40.00
Payment-Check/MO - PTS OFFICE AUTOMATION INC, KNOXVILLE, TN \$40.00

Regarding: PTS OFFICE AUTOMATION, INC.

Filing Type: For-profit Corporation - Domestic

Control #: 108454

Formation/Qualification Date: 10/07/1981

Date Formed: 10/07/1981

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: KNOX COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

PTS OFFICE AUTOMATION, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Tiffany Washington

Verification #: 067775326