

Form 651
(Revised 05/11)
Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
Filing Fee: \$40



This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas
AUG 05 2019
Corporations Section

Certificate of Termination
of a
Domestic Entity

Entity Information

1. The name of the domestic entity is: Intrepid IntelResearch, Inc
2. The entity is organized as a Corporation under the laws of Texas.
e.g., for-profit corporation, limited partnership, etc.
3. The date of formation of the entity is: 05/02/1996
mm/dd/yyyy
4. The file number issued to the entity by the secretary of state is: 139890100

Governing Persons

5. The names and addresses of each of the entity's governing persons are: (see Item 5 instructions)

GOVERNING PERSON 1						
Name:	Alexander Villalobos					
Address:	[REDACTED]	Kyle	TX	USA	78640	
	<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>	

GOVERNING PERSON 2						
Name:	Armando Villalobos					
Address:	[REDACTED]	McAllen	TX	USA	78504	
	<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>	

GOVERNING PERSON 3						
Name:	Roberto Villalobos					
Address:	[REDACTED]	McAllen	TX	USA	78504	
	<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>	

GOVERNING PERSON 4						
Name:						
Address:						
	<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>	

RECEIVED

Form 651
AUG 05 2019

Event Requiring Winding Up

(See Item 6 instructions.)

6. The nature of the event requiring winding up is set forth below: (You must select either A, B, C, D, or E.)

- A. A voluntary decision to wind up the entity has been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.
- B. The period of duration specified in the governing documents of the entity has expired.
- C. The occurrence of an event specified in the governing documents of the entity that requires the winding up, dissolution, or termination of the entity
- D. The occurrence of an event specified in the Texas Business Organizations Code that requires the winding up, dissolution, or termination of the entity

OR

- E. A court decree requiring the winding up, dissolution, or termination of the entity has been rendered under the provisions of the Texas Business Organizations Code or other law.

Completion of Winding Up

7. The filing entity has complied with the provisions of the Texas Business Organizations Code governing its winding up.

Effectiveness of Filing (Select either A, B, or C.)

- A. This document becomes effective when the document is filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
mm/dd/yyyy
- C. This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
mm/dd/yyyy

The following event or fact will cause the document to take effect in the manner described below:

Tax Certificate

(Required)

- Attached hereto is a certificate from the comptroller of public accounts that all taxes under title 2, Tax Code, have been paid.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 07/30/2019

By: Intrepid IntelResearch, Inc

Name of entity (see Execution instructions)

Alexander Villalobos
Signature of authorized individual (see Execution instructions)

Alexander Villalobos

Printed or typed name of authorized individual



TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

Comptroller.Texas.Gov

July 2, 2019

INTREPID INTELRESEARCH, INC.
PO BOX 1630
KYLE TX 78640-1630

Certificate of Account Status

THE STATE OF TEXAS
COUNTY OF TRAVIS

I, Glenn Hegar, Comptroller of Public Accounts of the State of Texas, DO HEREBY CERTIFY that according to the records of this office

INTREPID INTELRESEARCH, INC.

has filed all required reports for taxes administered by the Comptroller under Title 2, Tax Code, and taxes reported due on those reports have been paid. This certificate must be filed with the Texas Secretary of State to legally end the entity's existence in Texas. This certificate is valid through December 31, 2019.

GIVEN UNDER MY HAND AND
SEAL OF OFFICE in the City of
Austin, this 2nd day of
July, 2019 A.D.


Glenn Hegar
Texas Comptroller

Taxpayer number: 17526521772
File number: 0139890100

NOTE: Failure by registered Texas entities to legally end existence with the Texas Secretary of State on or before the expiration of this certificate will result in additional franchise tax responsibilities. Texas entities not registered with the Texas Secretary of State and all out-of-state entities are responsible for franchise tax through the last date of business in this state.

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements



05-102
(Rev. 9-11/30)

Code 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

1	7	5	2	6	5	2	1	7	7	2
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2	0	1	4
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Taxpayer name INTREPID INTELRESEARCH, INC.				Secretary of State (SOS) file number or Comptroller file number 0139890100	
Mailing address PO BOX 1630					
City KYLE	State TX	ZIP Code 78640	Plus 4		

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



SECTION A Name, title and mailing address of each officer, director or manager.

1752652177214

Name ALEXANDER VILLALOBOS	Title PRESIDENT	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address PO BOX 1630	City KYLE	State TX	ZIP Code 78640
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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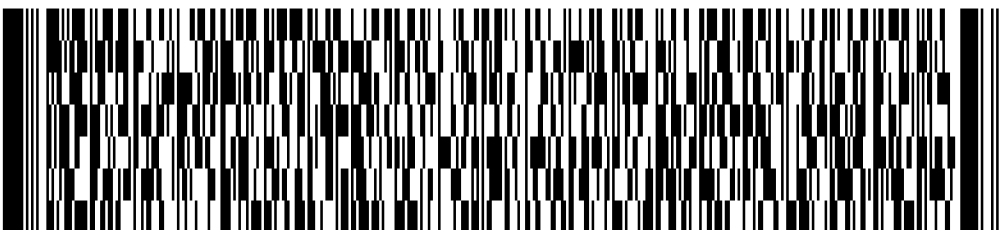
Registered agent and registered office currently on file. (see instructions if you need to make changes)				● Blacken circle if you need forms to change the registered agent or registered office information.	
Agent: ARMANDO R VILLALOBOS					
Office: 703 MCKINNEY, STE. 210	City DALLAS	State TX	ZIP Code 75202		

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

Sign here Alex Villalobos	Title Electronic	Date 05-13-2014	Area code and phone number (512) 787 - 5194
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Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Texas Franchise Tax Public Information Report



05-102
(Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

Code 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

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Taxpayer name INTREPID INTELRESEARCH, INC.				Secretary of State (SOS) file number or Comptroller file number 0139890100	
Mailing address PO BOX 1630					
City KYLE	State TX	ZIP Code 78640	Plus 4		

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



SECTION A Name, title and mailing address of each officer, director or manager.

1752652177215

Name ALEXANDER VILLALOBOS	Title PRESIDENT	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address PO BOX 1630	City KYLE	State TX	ZIP Code 78640
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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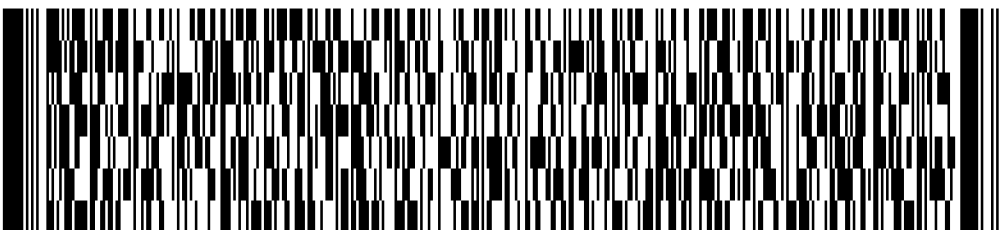
Registered agent and registered office currently on file. (see instructions if you need to make changes)				● Blacken circle if you need forms to change the registered agent or registered office information.	
Agent: ARMANDO R VILLALOBOS					
Office: 703 MCKINNEY, STE. 210	City DALLAS	State TX	ZIP Code 75202		

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

Sign here Alex Villalobos	Title Electronic	Date 05-11-2015	Area code and phone number (512) 507-8590
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Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements



05-102
(Rev. 9-11/30)

Code 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

1 7 5 2 6 5 2 1 7 7 2

2 0 1 6

Taxpayer name INTREPID INTELRESEARCH, INC.				Secretary of State (SOS) file number or Comptroller file number 0139890100	
Mailing address PO BOX 1630					
City KYLE	State TX	ZIP Code 78640	Plus 4		

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



SECTION A Name, title and mailing address of each officer, director or manager.

1752652177216

Name ALEXANDER VILLALOBOS	Title PRESIDENT	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address PO BOX 1630	City KYLE	State TX	ZIP Code 78640
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **ARMANDO R VILLALOBOS** Blacken circle if you need forms to change the registered agent or registered office information.

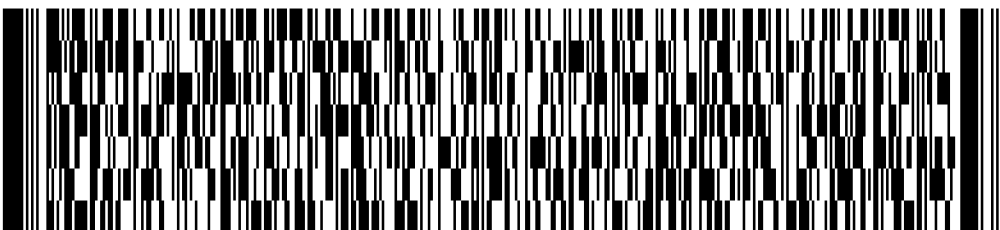
Office: **703 MCKINNEY, STE. 210** City **DALLAS** State **TX** ZIP Code **75202**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Alex Villalobos Title **Electronic** Date **08-16-2016** Area code and phone number **(512) 507 - 8590**

Texas Comptroller Official Use Only



VE/DE PIR IND



Texas Franchise Tax Public Information Report



Comptroller of Public Accounts FORM 05-102 (Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

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Taxpayer name INTREPID INTELRESEARCH, INC.				Secretary of State (SOS) file number or Comptroller file number 0139890100	
Mailing address PO BOX 1630					
City KYLE		State TX	ZIP Code 78640	Plus 4	

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

Please sign below!

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SECTION A Name, title and mailing address of each officer, director or manager.

1752652177217

Name ALEXANDER VILLALOBOS	Title PRESIDENT	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address PO BOX 1630	City KYLE	State TX	ZIP Code 78640
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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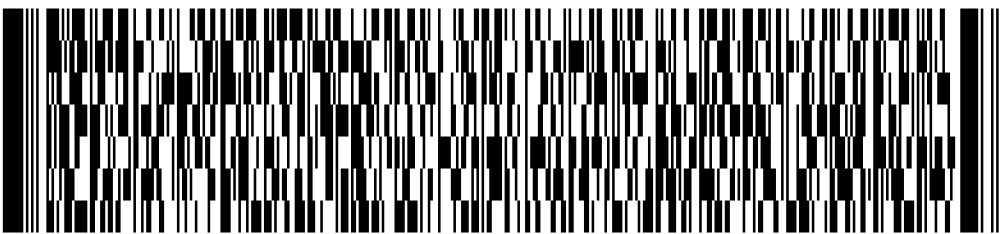
Registered agent and registered office currently on file. (see instructions if you need to make changes)				● Blacken circle if you need forms to change the registered agent or registered office information.	
Agent: ARMANDO R VILLALOBOS					
Office: 703 MCKINNEY, STE. 210		City DALLAS	State TX	ZIP Code 75202	

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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Alex Villalobos	Title Electronic	Date 06-03-2017	Area code and phone number (512) 507 - 8590
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Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number

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■ Report year

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Taxpayer name INTREPID INTELRESEARCH, INC.				Secretary of State (SOS) file number or Comptroller file number 0139890100	
Mailing address PO BOX 1630					
City KYLE	State TX	ZIP Code 78640	Plus 4		

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Principal office
Principal place of business

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SECTION A Name, title and mailing address of each officer, director or manager.

1752652177219

Name ALEXANDER VILLALOBOS	Title PRESIDENT	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address PO BOX 1630	City KYLE	State TX	ZIP Code 78640
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

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Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

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Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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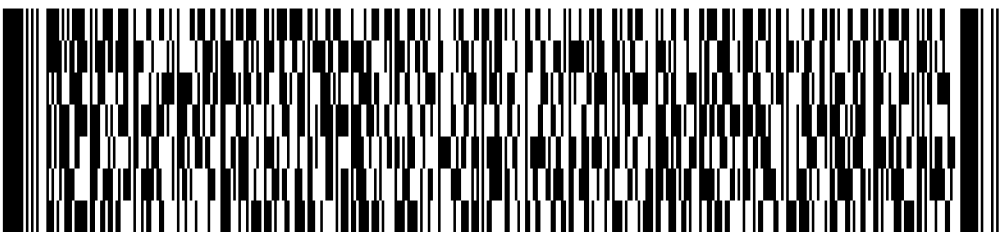
Registered agent and registered office currently on file. (see instructions if you need to make changes)				● Blacken circle if you need forms to change the registered agent or registered office information.	
Agent: ARMANDO R VILLALOBOS					<input type="radio"/>
Office: 703 MCKINNEY, STE. 210	City DALLAS	State TX	ZIP Code 75202		

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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Alex Villalobos	Title Electronic	Date 03-12-2019	Area code and phone number (512) 507 - 8590
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Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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