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TO:

Registration Section

Div	ision of Corporation	15				
SUBJECT:	SFL CHIRO 3, LLC		<u> </u>			
		Name of I	Limited Liability (Company		
The enclosed Existence, an	f "Application by For ad check are submitted	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	ition to Tra ted liability	insact Business in Florida," Cer y company to transact business i	tificate of in Florida.
Please return	all correspondence c	oncerning this matter to the	following:			
	Jennifer Salinas	3				
		N:	ame of Person			
	The Law Office	es of David T. Denney, PC				
		Fi	rın/Company			
	8350 N Central	Expressway, Suite 1050				
			Address			
	Dallas, Texas 7	5206				
		City/St	tate and Zip Code			
	jennifer@foodbe	vlaw.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For further in	nformation concerning	g this matter, please call:				
Da	vid Denney		214 at (739-29	900 x102	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding ceutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: \$\B\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	□ \$160.00 Filing Fee, Certifi of Status & Certified Copy	cate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE 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:

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." "L. L.C." or "L. L.C."	DIV
January 1, 2019 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605 0905, F.S. to determine penalty liability)	DIVISION OF CO.
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 5. 1364 Weston Road (Street Address of Principal Office) Weston, Florida 33326 Suite 108 Aubrey, Texas 76227 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road	DEC 11
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605 0905, F.S. to determine penalty hability) 5. 1364 Weston Road (Street Address of Principal Office) Weston, Florida 33326 Suite 108 Aubrey, Texas 76227 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road	DEC 11
Street Address of Principal Office) Suite 108 Suite 108	DEC 11
(Street Address of Principal Office) Weston, Florida 33326 Suite 108 Aubrey, Texas 76227 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road	DEC 11
Weston, Florida 33326 Suite 108 Aubrey, Texas 76227 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road	DEC 11
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Name: CT Corporation System Office Address: 1200 South Pine Island Road	DEC 11
Name: CT Corporation System Office Address: 1200 South Pine Island Road	DEC 11
Name: CT Corporation System Office Address: 1200 South Pine Island Road	DEC 11
Office Address: 1200 South Pine Island Road	
Onice Address.	OF CORP.
	PP CORREC
Plantation Florida 33324	⊒ _∑;
Plantation , Florida 33324 (City) (Zip code)	- ,
Registered agent's acceptance:	رن کار
Stephanie Hencz Assistant Se	ssistant occiete
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: <u>Title or Capacity: Name and Address: Title or Capacity: Name and Address</u>	
Manager Chiro-X Holdings, LLC	
Manager Chiro-X Holdings, LLC 26875 US Hwy 380, Sunte 108	
26875 US Hwy 380, Suite 108 Aubrey, Texas 76227	
26875 US Hwy 380, Suite 108 Aubrey, Texas 76227 Manager of Chiro-X Viscont Mei	and Address:
26875 US Hwy 380, Suite 108 Aubrey, Texas 76227 Manager of Chiro-X Holdings, LLC Vincent Mai Manager of Chiro-X Holdings, LLC Kevin Hua	and Address:
26875 US Hwy 380, Suite 108 Aubrey, Texas 76227 Manager of Chiro-X Manager of Chiro-X	Hua Hwy 380, Suite 108

The Law Offices of David T. Denney, P.C. I affirm that, as a matter of fact, I am authorized and possess the authority to execute this record on behalf of SFL Chiro 3, LLC.

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SFL Chiro 3, LLC (file number 803166914), a Domestic Limited Liability Company (LLC), was filed in this office on November 15, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 06, 2018.



Phone: (512) 463-5555

Prepared by: SOS-WEB

RR

Rolando B. Pablos Secretary of State