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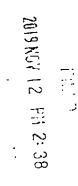
(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

	ccess Surveyors, I.					
Name of Limited Liability Company						
The enclosed "A Existence, and	Application by For check are submitte	eign Limited Liability Co d to register the above re	ompany for Authoriz ferenced foreign lim	ation to Transact Business in Florida ited liability company to transact bus	," Certificate of iness in Florida.	
lease return al	l correspondence c	oncerning this matter to	the following:			
	Scott Brackin		,			
			Name of Person		_	
	Access Surveyo	rs. LLC				
	Firm/Company					
	11025 Old Voth	Road				
	Address					
	Beaumont, Tx 7	7713				
		Cit	y/State and Zip Code	•	2619	
	rpls5163@aol.cor	n			2019 KGT 12	
		E-mail address: (to be t	ised for future annua	report notification)	12	
or further info	rmation concerning	this matter, please call:			- 	
Scott E	Scott Brackin		4 0 9 at (838-6322	2: 38	
	Name of	Contact Person	Area Code	Daytime Telephone Number	_	
Divisio Registr P.O. Bo	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
		c following amount: e to: FLORIDA DEPA	RTMENT OF STA	ГЕ		
= \$ 12	\$125.00 Filing Fee \$\sum_{\text{Certificate of Status}}\$\$ \$155.00 Filing Fee \$\sum_{\text{Certified Copy}}\$\$ \$160.00 Filing Fee \$\sum_{\text{Certified Copy}}\$\$ of Status & Certified Copy					

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:

1. Access Surveyors, LLC	C Limited Liability Company; must include "Limit	ed Liability Comp	any " " 1 C " or " I C "	
Access Surveyors, L L C		comp	my, LLC., or LC.	
(If name unavailable, enter alternate a	name adopted for the purpose of transacting business in Fl	orida. The alternate n	ame must include "Limited Liability Compan	y," "LLC," or "LLC.")
Texas 2. (Jurisdiction under the law of which foreign limited liability company is organized)		3. <u>82-22</u>	2-2262953 (FEI number, if applicable)	
(Jurisdiction under the law of w	high foreign limited liability company is organized)		(FEI number, if applicab	le)
N/A 4				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) nine penalty liability)		
5. (Street Address of	Principal Office)	6	Same as street (Mailing Address)	
Beaumont, Tx 77713				
				2010
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> accepta	ible)	2819 NC7 12
Name:	URS Agents, LLC	_	_	1914 22
Office Address:	3458 Lakeshore Drive			ည ယ ထ
	Tallahassee		32312 , Florida	
	(City)		(Zip code)	

Registered agent's acceptance:

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

Amy Purdy, Assistant Secretary

(Registred agent's signature)

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: Mitch Brackin Manager Manager Name: _____ 11025 Old Voth Road Member Address: Address: _____ ☐ Member Beaumont, Tx 77713 Authorized Authorized Person Person Other_ Other____ Other____ Other__ Name: _____ Manager Manager | Name: _____ Member Address: ____ Address: ____ Member Authorized ☐ Authorized Person Person Other Other___ Other_ Other_ Manager Name: Manager | Member Address: _____ ☐ Member Authorized Authorized Person Person Other____ Other_ Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

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 Access Surveyors, LLC (file number 802765073), a Domestic Limited Liability Company (LLC), was filed in this office on July 10, 2017.

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 September 26, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs

Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 916218800003