

M 2 00000 0 1242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

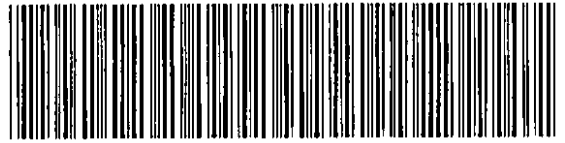
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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20 JUN 29 10:56

2020 JUN 29 PM 1:50

SBF
1/30/20

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 154824 7821065

AUTHORIZATION :

COST LIMIT : \$160.00



ORDER DATE : January 28, 2020

ORDER TIME : 2:19 PM

ORDER NO. : 154824-005

CUSTOMER NO: 7821065

FOREIGN FILINGS

NAME: DRIVE FORCE EAST, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX _____ CERTIFIED COPY
- _____ PLAIN STAMPED COPY
- XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

2020 JUN 29 PM 1:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRIVE FORCE EAST, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LYNN ROSSE

Name of Person

DRIVE FORCE EAST, LLC

Firm/Company

14881 QUORUM DRIVE STE 700

Address

DALLAS, TX 75254

City/State and Zip Code

lynn.rosse@tforce.com

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

For further information concerning this matter, please call:

Lynn Rosse

214

560-9502

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

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

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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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. DRIVE FORCE EAST, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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 "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4161615
(FEI number, if applicable)

4. UPON FILING
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 14881 QUORUM DRIVE STE 700
(Street Address of Principal Office)

6. 14881 QUORUM DRIVE STE 700
(Mailing Address)

DALLAS, TX 75254

DALLAS, TX 75254

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

Name: CORPORATION SERVIE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301-2525
(City) (Zip code)

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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.

[Handwritten signature]

Kadesha Roberson
Asst. Vice President

(Registered agent's signature)

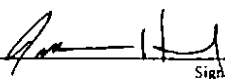
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: ALAIN BEDARD	<input checked="" type="checkbox"/> Manager	Name: SCOTT LEVERIDGE
<input type="checkbox"/> Member	Address: 14881 QUORUM DRIVE	<input type="checkbox"/> Member	Address: 14881 QUORUM DRIVE
<input type="checkbox"/> Authorized Person	STE 700 DALLAS, TX 75254	<input type="checkbox"/> Authorized Person	STE 700 DALLAS, TX 75254
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: JOSIANE-MELANIE LANGLOIS	<input checked="" type="checkbox"/> Manager	Name: KAL ATWAL
<input type="checkbox"/> Member	Address: 14881 QUORUM DRIVE	<input type="checkbox"/> Member	Address: 14881 QUORUM DRIVE
<input type="checkbox"/> Authorized Person	STE 700 DALLAS, TX 75254	<input type="checkbox"/> Authorized Person	STE 700 DALLAS, TX 75254
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: MARTIN QUESNEL	<input checked="" type="checkbox"/> Manager	Name: DORIS OLOTON
<input type="checkbox"/> Member	Address: 14881 QUORUM DRIVE	<input type="checkbox"/> Member	Address: 14881 QUORUM DRIVE
<input type="checkbox"/> Authorized Person	STE 700 DALLAS, TX 75254	<input type="checkbox"/> Authorized Person	STE 700 DALLAS, TX 75254
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

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.



 Signature of an authorized person
 Justin Howard, Manager

 Typed or printed name of signer

2023 JUN 9 PM 1:51

DRIVE FORCE EAST, LLC
ATTACHMENT 1
ADDITIONAL LIST OF OFFICERS

MANAGER
JUSTIN HOWARD
14881 QUORUM DRIVE
STE 700
DALLAS, TX 75254

MANAGER
MIKE TUREK
14881 QUORUM DRIVE
STE 700
DALLAS, TX 75254

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DRIVE FORCE EAST, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A. D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DRIVE FORCE EAST, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A. D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2020 JAN 29 PM 1:51




Jeffrey W. Bullock, Secretary of State

7773001 8300

SR# 20200273391

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202185255

Date: 01-14-20