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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600 Phone

: (323)962-3889 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company Piratech, LLC

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COVER LETTER

	Division of Corporations	
JBJ	Piratech, LLC JECT:	
	Name of Limited Liability Company	
ne er kist e	enclosed "Application by Foreign Limited Liability Company for Authorization to Trantence, and check are submitted to register the above referenced foreign limited liability	company to transact business in FI
ease	se return all correspondence concerning this matter to the following:	TALLAH TALLAH
	Cheyenne Moseley	10
	Name of Person	SEE. FLERING
	Legalzoom.com, Inc.	
	Firm/Company 101 N Brand Blvd 11th Fl	
Address		
	Glendale, CA 91203	
	City/State and Zip Code	
	david alten@piratech.com	
	E-mail address: (to be used for future annual report not	fication)
or fo	further information concerning this matter, please call:	
	Cheyenne Moseley 800 773-088	
	Name of Contact Person Area Code Day	time Telephone Number
	Division of Corporations Division	ADDRESS: of Corporations
	Registration Section Registration	ion Section wilding
	Tallahassee, FL 32314 2661 Exe	ocutive Center Circle ee, FL 32301
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
	\$125.00 Filing Fee \$\infty\$ \$130.00 Filing Fee \& \infty\$ \$155.00 Filing Fee \& Certificate of Status	& \$160.00 Filing Fee, Cer of Status & Certified Co

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 TUMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Piratech, LLC			703	
(Name of Fore	ign Limited Liability Company, must include "Limit			
(If name unavailable, enter alterna	ate name adopted for the purpose of transacting business in Fl	onda. The atternate name must include "Li	mited Labihty Complay," "Lk: " or "Lt.C."	
Texas		81-1856470	E P	
(Jurisdiction under the law o	of which foreign limited limbility company is organized)	1	(FEI number, if applicable),	
5/1/2020 4.			RIOP &	
· .	(Date first transacted business in Florida, if pnot to (See sections 605,0904 & 605,0905, F.S. in deter-	o registration) nine pesalty liability)		
5. (Street Address	s of Principal Office)	6(M	siling Address)	
2221 Justin Road #	119-454	2221 Justin Road #119-454		
Flower Mound, Texas 75028		Flower Mound, Texas 75028		
7. Name and street add	dress of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		
Name:				
Office Addres	5575 S. Semoran Blvd., Suite 36			
	Orlando	328 , Florida	322	
	(City)		(7ip 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.

CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: David Allen Name: Manager Manager 2221 Justin Road #119-454 Member Address: Member Flower Mound, Texas 75028 ☐ Authorized Authorized Person Person Other_ Other_____ Other Manager | Name: ☐ Manager Address: Member Address: _____ Authorized Authorized Person Person Other___ Other _____ Other___ Other___ Name: ______ ☐ Manager Name: Manager Member Address: _______ Member Address: _________ 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. Signature of an numberized person David Allen

Typed or primed name of signer

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 Piratech, LLC (file number 802410959), a Domestic Limited Liability Company (LLC), was filed in this office on March 10, 2016.

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

In testimony whereof, I have hereumo signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 08, 2020.



Ruth R. Hughs Secretary of State