# F/500000/846

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SECRETARY OF STATION OF CORPORALION

2 04/30/15

### **COVER LETTER**

	TO: New Filing Section Division of Corporations					
	SUBJECT: STENSTROM SCHNEIDER, INC.  Name of corporation - must include suffix					
	Dear Sir or Madam:					
	Dear Sir or Madam:					
	The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact business	ding" and check are submitted to register the				
	Please return all correspondence concerning this matter	to the following:				
MI	CHAEL - STENSTROM					
	Name of I	erson				
	STENSTROM SCHNEIDS	BR, INC				
	15441 KNOLL TRAFL, SULTE 120 Address					
	DALLAS, TEXAS	75248				
	City/State and Zip code					
	E-mail address: (to be used for future annual report notification)					
	E-mail address: (to be used for future annual report notification)					
	For further information concerning this matter, please concerning this matter concerning this matter, please concerning this matter concerning the concerning the concerning this matter concerning this matter concerning the co	all:				
TCH	Name of Person at (2/4)	) 461-98-31 Ode & Daytime Telephone Number				
	STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section				
	<i>5</i>	<b>5</b>				

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status

□ \$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy



#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Inc.," "Co" "Corp." "Inc," "Co." or "Corp.")	
f name unavailable in Florida, enter alternate corporate name adopted for the purp	pose of transacting business in Florida)
(State or country under the law of which it is incorporated) (F	7751 L
AUGUST 26, 1999 5. PERPL	ETUAL.
(Date of incorporation) (Duration: Year of	orp, will cease to exist or "perpetual")
	registration)
(Date first transacted business in Florida, if prior to (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine	ne penalty liability)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine 15441 KNOW TRAIL DRIVE, SI	ne penalty liability)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determi	ne penalty liability)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine the second of the	ne penalty liability)
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine the second of the	ine penalty liability)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine the second of the	ine penalty liability)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine IS 441 KNOW TRATE DRIVE, St. (Principal office address)  (Current mailing address)  Name and street address of Florida registered agent: (P.O. Box NOT accentage)  Name: CINDY DAVISON	ptable)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine the second	ine penalty liability)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine the second of the	ptable)

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



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.



11. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman:		<del></del>
Address:	<u> </u>	
Vice Chairman:		
Address:		
		<u> </u>
Director:		15105 15105
Address:	N	of e
		- 0.00 -
Director	••	- 第85 - 12 25 - 12 2
Director:	6	ig i
Address:	· · · · · · · · · · · · · · · · · · ·	
D. OFFICIEDS		
B. OFFICERS  President: MICHAEL STENSTROM		
•		
Address: 1544   KNOW TRATE		
DALLAS TEXAS 7524		
Vice President: <u>DSTIN</u> DAVISON		
Address: 15441 KNOW TRAIL	SUITE 120	
DALLAS TEXAS 75	248	
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the applica	tion listing additional officers and/or directors.	
	0.00	
Signature of Director of The officer or director signing this document (and who is listed in are true and that he or she is aware that false information submitted a third degree felony as provided for in s.817.155, F.S.	or Officer number 12 above) affirms that the facts stated	
13. DUSTIN DAVISO	N	
(Typed or printed name and capacity of p	erson signing application)	

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



Carlos Cascos Secretary of State

## Office of the Secretary of State

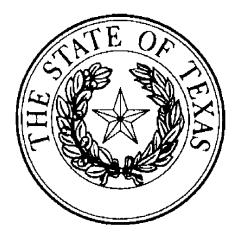
#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for STENSTROM-SCHNEIDER, INC. (file number 154829200), a Domestic For-Profit Corporation, was filed in this office on August 26, 1999.

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

FILED SECRETARY OF STATE DIVISION OF CORPORATION

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 April 06, 2015.



Carlos Cascos Secretary of State