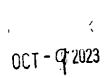
(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	-
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	lling Officer.	

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09/29/23--01010--005 **87.50



COVER LETTER

TO:		tion Section of Corporations				
SUBJ	ECT:	Hillcrest Constructo	rs, Inc			
		Name o	of corporatio	n - mu	st include suffix	
Dear S	ir or Mada	ım:				
"Certif	icate of Ex	pplication by Foreign Co distence," or "Certificate foreign corporation to tr	of Good Sta	nding"	and check are subm	Business in Florida," itted to register the
Please	return all o	correspondence concerni	ng this matte	r to th	e following:	
	 _	Samuel	T. Carter			
			Name of	Perso	n	
	··	Hillcre	st Construc	tors, l	nc	
			Firm/Con	npany		-
		1701 W	Northwest	Hwy,	Suite 100	
			Addr	ess		
		Grape	vine, TX 76			
		_	City/State a	•		
		_	hillcrestcon			· //
					ure annual report not	itication)
For furt	her inform	nation concerning this ma	itter, please o	call:		
S	Samuel Ca	ırter	at (817)	715-5176	
	Name of		Area Cod	e	Daytime Telepho	ne Number
	Registrati Division of The Centre 2415 N. N.	COURIER ADDRESS on Section of Corporations e of Tallahassee Monroe Street, Suite 810 se, FL 32303	:		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Please m		k for the following amou payable to: FLORIDA DE fee	PARTMENT Fee &	3 \$78.		■ \$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.

(Enter name of	corporation; must include "INCORPORATED,"	'COMPANY," "CORPORATION,"	
"Inc.," "Co.," "	Corp," "Inc," "Co," or "Corp.")		
(If name unava	ilable in Florida, enter alternate corporate name ad	onted for the numose of transacting business in Fl	
TEXAS		A7 AACAR73	oriua)
(State or coun	3	(FEJ number, if applicable)	
Je	ine 14, 2015	,	
(Date of incorporation)		5. (Date of duration, if other than perpetual)	
	(Date first transacted business in F	orida, if prior to registration)	
1701 W	(SEE SECTIONS 607.1501 & 607.1502	. F.S., to determine penalty liability)	
17 01 W	(SEE SECTIONS 607.1501 & 607.1502 NORTHWEST HWY, SUITE 100, GRAPEV	F.S., to determine penalty fiability) INE, TX 76051	
17 01 W	(SEE SECTIONS 607.1501 & 607.1502	F.S., to determine penalty fiability) INE, TX 76051	
17 01 W	(SEE SECTIONS 607.1501 & 607.1502 NORTHWEST HWY, SUITE 100, GRAPEV (Principal office	. F.S., to determine penalty liability) INE, TX 76051 street address)	
	(SEE SECTIONS 607.1501 & 607.1502 NORTHWEST HWY, SUITE 100, GRAPEV (Principal office (Current mailing 8)	T.S., to determine penalty liability) INE, TX 76051 street address) ddress, if different)	
	(SEE SECTIONS 607.1501 & 607.1502 NORTHWEST HWY, SUITE 100, GRAPEV (Principal office	T.S., to determine penalty liability) INE, TX 76051 street address) ddress, if different)	r e
	(SEE SECTIONS 607.1501 & 607.1502 NORTHWEST HWY, SUITE 100, GRAPEV (Principal office (Current mailing 8)	T.S., to determine penalty liability) INE, TX 76051 street address) ddress, if different)	F
Name and <u>stre</u>	(SEE SECTIONS 607.1501 & 607.1502 NORTHWEST HWY, SUITE 100, GRAPEV (Principal office (Current mailing a get address of Florida registered agent: (P.O. F	T.S., to determine penalty liability) INE, TX 76051 street address) ddress, if different)	F. K.
Name and <u>stre</u> Name:	(SEE SECTIONS 607.1501 & 607.1502 NORTHWEST HWY, SUITE 100, GRAPEV (Principal office (Current mailing a et address of Florida registered agent: (P.O. F. Business Filings Incorporated	Street address) ddress, if different) lox NOT acceptable)	TI R

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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS					
☐Chairman	Name:Samuel T. Carter	□Chairman	Name:		
□Vice Chairman	Address: 1701 W. NW Hwy	□Vice Chairman	Address:		
□Director	Suite 100	□Director			
President	Grapevine, TX 76051	□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	☐Treasurer		
□Other	☐ Other	Other			
□Chairman	Name:	□Chairman	Name:		
□ Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	-room or makelo	□Director			
□President		□President			
□ Vice President		□Vice President			
□Secretary	☐Treasurer	☐ Secretary	□Treasurer		
□Other		Other	□ Other		
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	Other	Other	□Othe:		
individuals may be	Ise an attachment to report more than six (6). The an added to the index when filing your Florida Departs	ment of State Annual Rep	for reporting purposes only. Non-indexed ort form.		
12.	Signature of Director	CANACO			
The officer or direct she is aware that fal- s.817.155, F.S.	Signature of Directors of Signature of Signature of Directors of Signature of Signature of Signature of Directors of Signature of Signa	her 11 above) affirms that	t the facts stated herein are true and that he or is a third degree felony as provided for in		
13	Samuel T. C	arter			
(Typed or printed name and capacity of person signing application)					

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



Jane Nelson Secretary of State

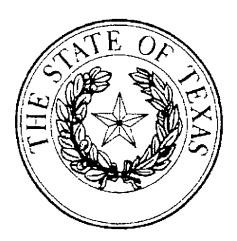
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Hillcrest Constructors, Inc. (file number 802242574), a Domestic For-Profit Corporation, was filed in this office on June 24, 2015.

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 19, 2023.



Jane Helson

Jane Nelson Secretary of State