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### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: NXN TECH, 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:
ALEX SALIBA
(Name of Person)
NXN Tech, LLC
(Firm/Company)
5420 LBJ Freewoy swife 750 FFF FF F
DALLAS, TX 75240 (City/State and Zip Code)
For further information concerning this matter, please call:
ALEX SALIBA at ( 214) 438-0819
ALEX SALIBA at ( 21+ ) 438-0819  (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS:  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TH SECTION 608.503, FI OMPANYTOTRANSACTI			ED TO REGISTER A FOREIGN
1. Name of Fore	TECH, LLC ign Limited Liability Cor	npany; must include "L	imited Liability Company," "L	.L.C.," or "LLC.")
(If name unavailable, consent of the manage Company," "L.L.C.,"	ers or managing members	oted for the purpose of to adopting the alternate r	ransacting business in Florida aname. The alternate name must	and attach a copy of the written include "Limited Liability
2. TEXAS	A-1C 1:1-C	3	26-1406047 (FEI number, if ap	<u> </u>
company is organiz	the law of which foreign ed)	limited liability	(FEI number, if ap	plicable)
4. <u>Ola</u>	23/07 e of Organization)	5. <u>(I</u>	Perpetual  Duration: Year limited liability  kist or "perpetual")	company will cease to
6. None				2005 TAL
	(Date first transact (See sections 608.50	ed business in Florida, i 11 & 608.502 F.S. to det	f prior to registration.) termine penalty liability)	AR S
7. <u>207 C</u>	N. washin	aten AJE		29 F
mars	noll, Tx	75670	ncipal Office)	
		(Street Address of Prir	ncipal Office)	ORIGE ORIGE
8. If limited liabili	ity company is a man	ager-managed comp	oany, check here 🗹	द्वाल क
9. The name and υ	ısual business addres	ses of the managing	members or managers are	e as follows:
			•	
	•	9 40+6	10. MOSTINGIE	on AUE, MARSHALI
TX 7	5670			
10. Attached is an origi	nal cortificate of evictorses	no more than 00 days of	d duk authoritianted but he offic	ial having custody of records in
he jurisdiction under th		zed. (A photocopy is not	acceptable. If the certificate is in	
11 Nature of busi	ness or nurnoses to h	e conducted or prop	noted in Florida: Set	inne likening
in ratale of our	ness or purposes to b	e conducted of profi	John Tiorida507	more creationing
	6/1			•
	Signature of a me	ember or an authoriz	ed representative of a me	mber.
	(In accordance with se	ction 608.408(3), F.S., the	execution of this document constitute facts stated herein are true.)	
	Erich	L. Spange	1	
	Ty	ped or printed name		

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If name unavailable, the alternate name to be used in the state of Florida is:	
	2009 SEL
2. The name and the Florida street address of the registered agent and office are:	JAN 29 AHASS
<u>Corporation</u> Service Company	JAN 29 AM ID: 13 RETARY OF STATE AHASSEE, FLORIDA
Plorida Street Address (P.O. Box NOT ACCEPTABLE)	REGISTRATION TO THE PROPERTY OF THE PROPERTY O
Tallahassee FL 32801	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Ann R Shilling, JASST VF

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



## Texas Comptroller of Public Accounts

SUSAN COMBS + COMPTROLLER + AUSTIN, TEXAS 78774

January 22, 2009

#### **CERTIFICATE OF ACCOUNT STATUS**

THE STATE OF TEXAS COUNTY OF TRAVIS

I, Susan Combs, Comptroller of Public Accounts of the State of Texas, DO HEREBY CERTIFY that according to the records of this office

#### NXN TECH, LLC

is, as of this date, in good standing with this office having no franchise tax reports or payments due at this time. This certificate is valid through the date that the next franchise tax report will be due March 30, 2009.

This certificate does not make a representation as to the status of the entity's registration, if any, with the Texas Secretary of State.

This certificate is valid for the purpose of conversion when the converted entity is subject to franchise tax as required by law. This certificate is not valid for any other filing with the Texas Secretary of State.

GIVEN UNDER MY HAND AND SEAL OF OFFICE in the City of Austin, this 22nd day of January 2009 A.D.

Susan Combs Texas Comptroller

Taxpayer number: 32034000128 File number: 0800888314

Form 05-304 (Rev. 12-07/17)