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T. CLINE

JUL 17 2009

EXAMINER

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: TIER ONE CONSUMER PRODUCTS SERVICES, 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:

Janice Null	
(Name of Person)	
Incorp Services, Inc.	· · ·
(Firm/Company)	2009 SEC
275 N. Ctambania Ct. Cuita 4444	ARC JE
375 N. Stephanie St., Suite 1411	- SA 5
(Address)	E P
Henderson, NV 89014-8909	FLOREI S
(City/State and Zip Code)	5

For further information concerning this matter, please call:

(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TIER ONE CONSUMER PRODUCTS SERVICES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 and attach a copy of the write consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	tten
2. Texas (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-3/140/4 (FEI number, if applicable)	
4. August 13, 2008 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	5
7. 3707 FM 1960 West, Suite 450	
Houston, TX 77068	T
(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here	ittaulby Lysen ^{ed}
8. If limited liability company is a manager-managed company, check here 🗸	
9. The name and usual business addresses of the managing members or managers are as follows:	
Tim Schuur, 3707 FM 1960 West, Suite 450, Houston, TX 77068	
Lance Davis, 3707 FM 1960 West, Suite 450, Houston, TX 77068	
Douglas Potter, 3707 FM 1960 West, Suite 450, Houston, TX 77068	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	sin
11. Nature of business or purposes to be conducted or promoted in Florida:	
Any lawful activity for which limited liability companies may be formed	
I In land	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
Tin Schurr	

Typed or printed name of signee

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.

1.	The name	of the	Limited	Liability	Company	is
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TIER ONE CONSUMER PRODUCTS SERVICES, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2.	The name and	the Florida stree	t address of the	registered	agent and office are

Incorp Services, Inc.

(Name)

Name)

17888 67th Court North

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Loxahatchee _{FL} 33470

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.

ell on behalf of Incorp Services, Inc.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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



Hope Andrade 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 Tier One Consumer Products Services, LLC (file number 801016071), a Domestic Limited Liability Company (LLC), was filed in this office on August 13, 2008.

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 May 29, 2009.



Hope Andrade Secretary of State