M14000005943

	-	
(Re	questor's Name)	
(Ad	dress)	. , , , ,
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	





200263279632

SUFFICIENCY OF FILING

14 AUG 19 AM 9: 42
SECHE JARY OF STATE
SECHE JARY OF STATE

AUG 2 0 2014 T. **HAMPTON**



ACCOUNT NO. : I2000000195

REFERENCE : 261491 8009980

AUTHORIZATION : ,

COST LIMIT

ORDER DATE: August 18, 2014

ORDER TIME : 8:52 AM

ORDER NO. : 261491-005

CUSTOMER NO: 8009980

FOREIGN FILINGS

NAME: MAX TORQUE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

SUBJECT:	AX TORQUE, LLC Name of Limited Liability Company
The enclosed "Application by Fo Existence, and check are submitt	oreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence	concerning this matter to the following:
	C. MARK MURRAH Name of Person
Mur	RAH & KILLOUGH PLLC Firm/Company
3000_	WESLAYAN STREET SUITE 305
Houst	ON, TEXAS 77027 City/State and Zip Code
MMUR	E-mail address: (to be used for future annual report notification)
For further information concerni	ng this matter, please call:
MARK MUR	eAH at (281) 501-1601 of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the ☐ \$125.00 Filing Fee	following amount: \$\Bigsiz \\$130.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status \$\Bigsiz \\$155.00 \text{ Filing Fee & Gertificate of Status & Certificate of Status & Certificate of Status & Certificate Copy}\$

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

	MAY	TORMUP	.110				
(Nam	ne of Foreign Limited Liabil	ity Company; must inc	lutic "Limited Liab	ility Company," "L	.L.C.," or "LL	C.")	
bility Company	le, enter alternate name adop ""L.L.C," or "LLC.")						
TE	EXAS der the law of which foreign anized)		3	08012	6165	9	
		limited liability		(FEI number.	if applicable)		
	N/A (Date for	st transacted business i	n Florida, if prior to	revistration.)	,		
	(Sec section	is 605.0904 & 605.090	5. F.S. to determine	penalty liability)			
11152	WESTHEIME	R ROAD (Street Addre	HOUSTO	N TX	7704	2	
						,	
11152	WESTHEIM	IER ROAD	HOUST	XT NO	_770	42	
The name,	title or capacity and	address of the pe	rson(s) who ha	s/have authori	ty to manag	ge is/are:	
A	NGELO ME	ITLO V	ice Pra	sident			
	WESTHEME	•			776	2	
	an original certificate y of records in the jur	risdiction under th	he law of which	n it is organize	d. (A photo	copy is n	ot
ving_custody	the certificate is in a litted)	toreign language.	a translation c	i the certificat	e ander our		
ving custody ceptable. If t	itted)			,	e under out		
ving.custody ceptable. If t ust be submi	section 605,0203, F.S., the exec	Signature of this document co	Au an authorized prestitutes an affirmatic	person on under the penalties	of perjury that t	he facts stated	l herein are F.S.)
ving.custody ceptable. If t ust be submi	section 605.0203, F.S., the exectlse information submitted in a c	Signature of tution of this document to the Department	an authorized prestitutes an affirmatic ent of State constitutes	Derson on under the penalties a third degree felony	of perjury that t	he facts stated in s.817.155,	I herein are:
ving.custody ceptable. If t ust be submi	section 605.0203, F.S., the exectlse information submitted in a c	Signature of this document co	an authorized prestitutes an affirmatic ent of State constitutes	Derson on under the penalties a third degree felony	of perjury that t	he facts stated	I herein are:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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	f the Limited Liability Company is:
	MAX TORQUE, LLC
If unavailable, t	the alternate to be used in the state of Florida is:
2. The name ar	nd the Florida street address of the registered agent and office are:
	Corporation Service Company
	(Name)
	1201 Hays Street
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee 3230.1
	City/State/Zip

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 605, Florida Statutes.

Corporation Service Company

Troy Toda
as its agent

\$ 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



Nandita Berry 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 MAX TORQUE, LLC (file number 801261654), a Domestic Limited Liability Company (LLC), was filed in this office on April 27, 2010.

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 August 18, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 561887250003