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#### **COVER LETTER**

SUBJECT:	PAG Ta	ımpa LLC		111-1-24-			
		Name	of Limited	I Liability Compan	У		
						ransact Business in Florida," ( ty company to transact busine	
Please return al	l correspondence	concerning this mat	ter to the	following:			
	Anthon	y Chavira	3				
	<del></del>		Na	me of Person			
			12:				
			rır	m/Company			
	5621 K	leberg Tr	ail				
				Address			
	Austin,	TX 7874	7				
	**************************************		City/Sta	ate and Zip Code			
	atx_imp	erialauto	glas	s@yaho	o.cc	om	
	,			for future annual r			
For further info	rmation concernin	g this matter, please	call:				
An	thony Cl	navira		<sub>at</sub> 512	579	9-1998	
	Name o	f Contact Person		Area Code	υ	aytime Telephone Number	
Divisio Registo P.O. B	JNG ADDRESS: on of Corporations ration Section fox 6327 assee, FL 32314	•	Division Registrat Clifton E 2661 Exc	F ADDRESS: of Corporations tion Section Building ecutive Center Cosee, FL 32301	irele		
	check for the f 5.00 Filing Fee	ollowing amoun  \$130.00 Filing  Certificate of S	Fee &	□ \$155.00 Filin Certified Co	•	☐ \$160.00 Filing Fee, Cert of Status & Certified Co	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1, LPAG Tampa LLC	
	Company; must include "Limited Liability Company," "L.L.C.," or "Ll.C.")
L. P. A. G. of Tampa, LLC	
Liability Company," "L.L.C." or "LI.C.")	for the purpose of transacting business in Florida. The alternate name must include "Limited
<sub>2.</sub> Texas	<sub>3.</sub> 35-2524856
(Jurisdiction under the law of which foreign lin company is organized)	
4. (Date first to (See sections 6	ransacted business in Florida, if prior to registration.) 05.0904 & 605.0905, F.S. to determine penalty liability)
5. 5109 Causeway Blvd.	70
Tampa, FL 33619	
	(Street Address of Principal Office)
<sub>6.</sub> 5621 Kleberg Trail	(Street Address of Principal Office)
Austin TX 78747	
	(Mailing Address)
7. The name, title or capacity and ad	dress of the person(s) who has/have authority to manage is/are:
4AC Capital Group LP	• • • • • • • • • • • • • • • • • • • •
to dapital didap El	3900142 22
having custody of records in the juriso	f existence, no more than 90 days old, duly authenticated by the official diction under the law of which it is organized. (A photocopy is not eign language, a translation of the certificate under oath of the translator
	n of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true ment to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Anthony (	Chavira

Typed or printed name of signee

## 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.

LPAG 7	Tampa LLC			
If unavailabl	e, the alternate to be used i	n the state of Florida is:		
L. P. A.	. G. of Tampa, L	LC		
2. The name	e and the Florida street add	ress of the registered agent and office a		
	ANTHONY	CHAVIRA	2015 MAR -3 P	
		(Name)	至	
	SSET P			
	5109 Causeway Blvd.  Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tampa	<sub>FL</sub> 33619	ORIO P	
		City/State/Zip	,,	
liability compregistered ag statutes relat	pany at the place designated gent and agree to act in this ting to the proper and comp pligations of my position as	and to accept service of process for the d in this certificate, I hereby accept the d capacity. I further agree to comply with lete performance of my duties, and I am registered agent as provided for in Chap (Signature)	appointment as h the provisions of all familiar with and	
		5.00 Designation of Registered Age	nt	

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) 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, Certificate of Formation for LPAG Tampa LLC (file number 802137752), a Domestic Limited Liability Company (LLC), was filed in this office on January 16, 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 March 18, 2015.



Carlos Cascos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

TID: 10264

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