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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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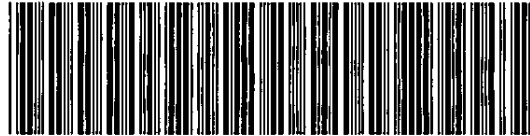
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Proscribe, 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:

Melissa Gubler

Name of Person

InCorp Services, Inc.

Firm/Company

2360 Corporate Circle, Suite 400

Address

Henderson, NV 89074

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Gubler

702

866-2500

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

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

1. Proscribe, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Proscribe of Texas, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. Upon Registration

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 16414 San Pedro, Suite 525

San Antonio, TX 78232

(Street Address of Principal Office)

6. 16414 San Pedro, Suite 525

San Antonio, TX 78232

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Audra Deviney, Managing Member 16414 San Pedro, Suite 525, San Antonio, TX 78232

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TALLAHASSEE FLORIDA

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8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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)

Audra Deviney

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Audra Deviney

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.

1. The name of the Limited Liability Company is:

Proscribe, LLC

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

Proscribe of Texas, LLC

2. The name and the Florida street address of the registered agent and office are:

InCorp Services, Inc.

(Name)

17888 67th Court North

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

Loxahatchee

FL

33470

City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.



(Signature)

Melissa Gubler 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)

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person

of Proscribe, LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Texas
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

Proscribe of Texas, LLC

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)

Audra Durney April 15, 2015
Signature Authorized Person Date

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



Carlos H. 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 Proscribe, LLC (file number 800694498), a Domestic Limited Liability Company (LLC), was filed in this office on August 16, 2006.

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 April 23, 2015.

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OFFICE OF THE SECRETARY OF STATE
AUSTIN, TEXAS



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State