# M1500005325

<u> </u>	(Requestor's Name)
	(Address)
<b></b>	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
<u></u>	(Document Number)
ertified Copies	Certificates of Status
Special Instruc	stions to Filing Officer:
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2015

### FLORIDA FILING & SEARCH SERVICES, INC. ATTENTION: ABBIE HODGE

SUBJECT: APPLIANCE MANAGEMENT COMPANY, LC Ref. Number: W15000045323

We have received your document for APPLIANCE MANAGEMENT COMPANY, LC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 715A00014006

FILED SECRETARY OF STATE DIVISION OF CURPORATION 15 JUL -2 AM 10: 32 SECRETARY OF STATE

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 7/2/15

NAME: APPLIANCE MANAGEMENT COMPANY, LC

TYPE OF FILING: APPLICATION

COST: 160.00

**RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE** 

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



### **COVER LETTER**

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### Registration Section Division of Corporations TO:

•••

SUBJECT:	Applia	nce Management Company, LC	
	Nam	e of Limited Liability Company	
The enclosed Existence, and	"Application by Foreign Limited Liab d check are submitted to register the al	bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida	
Please return	all correspondence concerning this ma	atter to the following:	
	<b>***</b>	Name of Person	
	Capito	ol Services - Corporate Filings Team	
		Firm-Company	
		800 Brazos Ste 400	
		Address	
		Austin TX 78701	2
		City/State and Zip Code	SEC SEC
		gail@apdepot.comS	₽X
	E-mail address:	(to be used for future annual report notification)	₽₩
For further in	formation concerning this matter, pleas		
		at ( <u>800</u> ) <u>345-4647</u> Area Code Daytime Telephone Number	e G
<del></del>	Name of Contact Person	at ( <u>800</u> ) <u>345-4647</u>	ATIO
MAI	LING ADDRESS;	STREET ADDRESS:	ж.
Divi	sion of Corporations	Division of Corporations	
	stration Section	Registration Section	
	Box 6327	Clifton Building	
Talla	hassee, FL 32314	2661 Executive Center Circle	
		Tallahassee, FL 32301	
	a check for the following amou		
L_\$1	25.00 Filing Fee <b>\$130.00 Filing</b> Certificate of		

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

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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. Appliance Management Company, LC LC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC." or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. Texas (Jurisdiction under the law of which foreign limited liability company is organized) 3. <u>20-0308564</u> (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. 4754 Almond Ave.
Dallas, Texas 75247 (Street Address of Principal Office)
6. 4754 Almond Ave.
Dallas, Texas 75247
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Gail Parker, Manager, 4754 Almond Ave., Dallas, TX 75247
Greg Parker, Manager, 4754 Almond Ave., Dallas, TX 75247
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officia

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)

thighth			
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 tha am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for	t the faots state or in a.817:155	al heavin : , F <b>CS7]</b>	S S S S S S S S S S S S S S S S S S S
Gail Parker	L'AHA		ON ON
Typed or printed name of signee	SSA	<sup>1</sup>	
MRG WINPERT GANE	SSEE.	A	NA NA NA NA
AUTHORIZATION BY PHONE TO	ES	Ē	S
CORRECT Add LLC to end of name	TALE	32	TATE
CATE <u>1/8/15</u>	2.4		N.
DOC. EXAM SMASON			

### 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:

Appliance Management Company, LC

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

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

Capitol Corporate	Services, Inc.	
(Name)		

155 Office Plaza Dr., Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL City/State/Zip 32301

AM 10: 32

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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Harta Ar Knita HI, Aust See. (Signature)

- \$ 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



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, Articles Of Organization for APPLIANCE MANAGEMENT COMPANY, LC (file number 708179322), a Domestic Limited Liability Company (LLC), was filed in this office on January 09, 2001.

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 June 28, 2015.



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Carlos H. Cascos 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: 613117960005