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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Degree and Number)						
(Document Number)						
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Special Instructions to Filing Officer:						
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FILED
2015 JUL 10 PH 1:57
SECRETARY OF STATE

K.SALY EXAMINER JUL 13 2015



July 9, 2015

KIM C. BOOKER BOOKER & ASSOCIATES, P.A. 1019 TOWN CENTER DR, STE. 201 ORANGE CITY, FL 32763

SUBJECT: SMC DALLAS LLC Ref. Number: W15000046365

We have received your document for SMC DALLAS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Letter Number: 515A00014389

Karen A Saly Regulatory Specialist II

www.sunbiz.org

#### COVÉR LETTER

TO:

то:	Registration Section Division of Corporatio	ns						
CUDIC	SMC DALLAS LL	С	'					
SUBJE	CI:	Name of	Limited Liability (	Company	<del> </del>			
					nsact Business in Florida," Certificate company to transact business in Floric			
Please re	eturn all correspondence	concerning this matter to the	following:					
	Kim C. Booke	r						
		N	lame of Person		· · · · · · · · · · · · · · · · · · ·			
	Booker & Asso	ociates, P.A.						
	Firm/Company							
	1019 Town Ce	1019 Town Center Drive, Suite 201						
	Address							
	Orange City, F	Orange City, Florida 32763						
		City/S	State and Zip Code					
	kbooker@booke	randassoc.com						
		E-mail address: (to be use	ed for future annual	report not	ification)			
For furth	ner information concernir	g this matter, please call:						
	Kim C. Booker	1	386 at (	774-65	52			
	Name (	of Contact Person	Area Code	Day	time Telephone Number			
,	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		·	Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301			
Enclose	d is a check for the follow \$\Bigsilon\$ \$125.00 Filing Fee	ving amount:  \$\Boxed{\Omega} \text{\$\Sigma}	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

### 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SMC DALLAS, LLC (Name of For	eign Limited Liability Company; must include "I	Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter a Liability Company," L.L.C.	lternate name adopted for the purpose of transact	ing business in Florida. The alternate nan	ne must include "Limited
2. New Hampshire	3.	27-1255917	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4.			••
	(Date first transacted business in Florida (See sections 605,0904 & 605,0905, F.S. )	a, if prior to registration.) to determine penalty liability)	
5			~
99 Faltin Drive			- 3
	(Street Address of Principal Of	fice)	
6. Manchester, New Ham	1: 02102		2015 JUL-10 PM 1:57
20 5 1 2 2 2 2			一 宝气 一
99 Faltin Drive, Manch	nester, New Hampshire 03103	· · · · · · · · · · · · · · · · · · ·	EASSE LID B
	(Mailing Address)		平安 圣
<ol><li>Name and street address</li></ol>	ss of Florida registered agent: (P.O. Box N	OT acceptable)	FOS
Name:	Kim C. Booker		95 5
Office Address:	1019 Town Center Drive, Suite 201	<del></del>	
	Orange City	, Florida 32763	
	(City)	(Zip code)	-
his application, I hereby with the provisions of all s	gistered agent and to accept service of proc accept the appointment as registered agent statutes relative to the proper and complete tion as registered agent?	and agree to act in this capacity. I j performance of my duties, and I am	further agree to comply
	(Registered agent's	signature)	
<ol> <li>The name, title or capa</li> <li>Theresa Burnley 99 Falting</li> </ol>	wity and address of the person(s) who has/han Drive, Manchester, New Hampshire 0310	ave authority to manage is/are:	
Chris Burnley, 99 Faltin E	Drive, Manchester, New Hampshire 03103	MEMBER	<del></del>
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ibmitted)		
	Signature of an author	ized person ATRIPLEY	-
	Signature of an author	rized person Aux 14 Conf	

(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.)

Kim C. Booker, Attorney at Law

## State of New Hampshire Department of State

#### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that SMC Dallas LLC is a New Hampshire limited liability company formed on September 22, 2014. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.

FILED PH 1:57



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1<sup>st</sup> day of July, A.D. 2015

William M. Gardner Secretary of State