# M15000006935

| (Requestor's Name)  |
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| (Address)   |
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| (Address)   |
| (City/State/Zip/Phone #)  |
| (Only Control of the |
| PICK-UP WAIT MAIL   |
|   |
| (Business Entity Name)  |
|   |
| (Document Number)   |
| Certified Copies Certificates of Status   |
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SECRETARY OF STATE
SECRETARY OF STATE

SEP 0 2 2015

**3 MASON** 



August 26, 2015

SAMANTHA LE 3906 DRISCOLL STREET HOUSTON, TX 77098

SUBJECT: TL TRIPLE LUCK LLC Ref. Number: W15000056960

We have received your document for TL TRIPLE LUCK LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

NEED CERTIFICATE OF EXISTENCE SHOWING GOOD STANDING FROM TEXAS NEED TITLE OF SAMANTHA LE,

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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: 615A00018102

#### COVER LETTER

TO:

Registration Section

| Divisio                               | ı of Corporatior   | ıs   |                                       |  |   |          |
|---------------------------------------|--|--|---------------------------------------|--|---|----------|
|                                       | Triple Luck LLC  |  |                                       |  |   |          |
|                                       |  | Name of I  | Limited Liability C                   | Company  |   |          |
| The enclosed "Ag<br>Existence, and ch | pplication by For<br>neck are submitte                         | eign Limited Liability Comp<br>d to register the above refere                | any for Authorizatenced foreign limit | tion to Tra<br>ed liability                    | insact Business in Florida," Certificate company to transact business in Florid | of<br>da |
| Please return all                     | correspondence o   | concerning this matter to the  | following:                            |  |   |          |
|                                       | Samantha Le -  | Manager  |                                       |  |   |          |
|                                       |  | Na   | ame of Person                         |  | , <u></u>   |          |
|                                       | TL Triple Luck   | : LLC  |                                       |  |   |          |
|                                       |  | Fi   | rm/Company                            |  |   |          |
|                                       | 3906 Driscoll S  | St   |                                       |  |   |          |
|                                       |  |  | Address                               |  |   |          |
|                                       | Houston, TX 7  | 7098   |                                       |  |   |          |
|                                       |  | City/S   | tate and Zip Code                     |  |   |          |
|                                       | tidele@gmail.co  | m  |                                       |  |   |          |
| •                                     |  | E-mail address: (to be used  | l for future annual                   | report not                                     | ification)  |          |
| For further inform                    | mation concernin   | g this matter, please call:  |                                       |  |   |          |
| Samant                                | ha Le  |  | 832<br>at (                           | 910-99   | · <del>-</del>  |          |
|                                       | Name o   | of Contact Person  | Area Code                             | Day  | time Telephone Number   |          |
| Division<br>Registra<br>P.O. Bo       | nof Corporations<br>ation Section<br>ox 6327<br>ssee, FL 32314 |  |                                       | Division<br>Registrat<br>Clifton B<br>2661 Exe | of Corporations ion Section duilding ecutive Center Circle see, FL 32301        |          |
|                                       | eck for the follow<br>.00 Filing Fee                           | ving amount:  \$\Bigsim \text{\$130.00 Filing Fee & Certificate of Status}\$ | □ \$155.00 Filir<br>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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

|   |  |  | ability Company," "L.L.C.," o   |  |                  |                      |
|---|--|--|---|--|------------------|----------------------|
| (If name unavailable, enter al<br>Liability Company," "L.L.C,"  | ternate name adopted for the purpose of 'or "LLC.")  |  | ess in Florida. The alternate na  | ame must i   | include '        | 'Limited             |
| 2. Texas  |  | 3. NA                                    |   |  |                  |                      |
| company is organized)   | of which foreign limited liability   |  | (FEI number, if applicable)   | e)   |                  |                      |
| 4. NA   | (D. C  | - 10 - 10 - 10 - 1 - 10 - 1 - 10 - 1 - 1 |   |  |                  |                      |
|   | (Date first transacted business i<br>(See sections 605.0904 & 605.090  | 05, F.S. to determine                    | ne penalty liability)   |  |                  |                      |
| 5. 10901 Front Beach Ro   | ad #206  |  |   | <del></del>  |                  |                      |
| Panama City Beach, FI   | <sub>-</sub> 32407   |  |   |  |                  |                      |
|   | (Street Address of Prin  | ncipal Office)                           |   |  |                  |                      |
| 6. 3906 Driscoll St   |  |  |   | <u>.</u> ,   |                  |                      |
| Houston, TX 77098   |  |  |   |  | 2015 SEP -       | * # ** <del>**</del> |
|   | (Mailing Ado   | dress)                                   |   | —: visi<br>:::::::::::::::::::::::::::::::::::   | 8                |                      |
| 7 Name and street addres  | s of Florida registered agent: (P.O.   | Box NOT accer                            | ntable)   | 경험<br>설립   | יכי<br>ו         | Constant             |
|   | Samantha Le  | Bon <u>Hor</u> acos,                     | , a.c. ( )  | \$\frac{1}{2}\cdot \cdot |                  |                      |
| Name:   | 10901 Front Beach Road, #206   |  | <u> </u>  | H (5   | $\triangleright$ | Ö                    |
| Office Address:   |  |  |   | SET A  | <u>ہ</u><br>2    |                      |
|   | Panama City Beach  |  | , Florida <u>32407</u>  | —⊅mi   | 00               |                      |
| Registered agent's accep  | (City)   |  | (Zip code)  |  |                  |                      |
| this application, I hereby  | gistered agent and to accept service accept the appointment as registere statutes relative to the proper and cition as registered agent. | ed agent and agr<br>complete perforn     | ee to act in this capacity.<br>nance of my duties, and I d                          | I further  | agree t          | o comply             |
|   | (Panistara   |  |   |  |                  |                      |
|   | (Registere   | a agent's signature                      | ;)  |  |                  |                      |
| 8. The name, title or capa<br>Samantha Le - Manager   | (Registere   |  |   |  |                  |                      |
|   | · ·  |  |   |  |                  |                      |
| Samantha Le - Manager   | · ·  |  |   |  | <del></del>      |                      |
| Samantha Le - Manager 3906 Driscoll St. Houston, TX 77098  9. Attached is a certificate   | of existence, no more than 90 days of which it is organized. (If the certi   | ho has/have autho                        | ority to manage is/are:   |  |                  |                      |
| Samantha Le - Manager 3906 Driscoll St.  Houston, TX 77098  9. Attached is a certificate jurisdiction under the law   | of existence, no more than 90 days of which it is organized. (If the certiubmitted)  | ho has/have autho                        | ority to manage is/are:   |  |                  |                      |
| Samantha Le - Manager 3906 Driscoll St.  Houston, TX 77098  9. Attached is a certificate jurisdiction under the law of the translator must be st.  This document is executed. | of existence, no more than 90 days of which it is organized. (If the certiubmitted)  | old, duly authentificate is in a fore    | cority to manage is/are:  dicated by the official having language, a translation on | of the ce  | ntificate        | under oat            |

Typed or printed name of signee

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 according to the most recent information in the records of this office the following persons are listed as managerial officials for TL Triple Luck LLC, a Domestic Limited Liability Company (LLC), file number 801969686.

Samantha Le Manager 3906 Driscoll St. Houston Tx - 77098

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 11, 2015.



Carlos H. Cascos Secretary of State

Fax: (512) 463-5709 TID: 10251 Dial: 7-1-1 for Relay Services Document: 622472540003 Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



### Office of the Secretary of State

# CERTIFICATE OF FILING OF

TL Triple Luck LLC File Number: 801969686

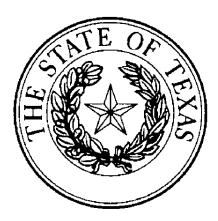
The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 04/10/2014

Effective: 04/11/2014



NANDITA BERRY

Nandita Berry Secretary of State

Dial: 7-1-1 for Relay Services Document: 538665950003

Phone: (512) 463-5555 Prepared by: Lisa Sasin