150000001NV4

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
cert. WISU2842

Office Use Only



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2015 SEP 28 P # 20

SEP 2 9 2015

S MASON



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2015

TOMMY JONES 6516 LONG DRIVE HOUSTON, TX 77087

SUBJECT: MAX ACCESS LLC Ref. Number: W15000062842

We have received your document for MAX ACCESS LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

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.

MUST HAVE TEXAS CERTIFICATE OF FACT.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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

www.sunbiz.org

Letter Number: 815A00019961

COVER LETTER

TO:	Registration S Division of Co				
SUBJE		CESS LLC			_
		Nan	ne of Limited Liability Co	ompany	
				ion to Transact Business in Florida d liability company to transact bus	
Please	return all corresp	ondence concerning this matter	to the following:		
	Tomi	ny Jones			
			Name of Person		_
	Max	Access LLC			
			Firm/Company		_
	6516	Long Drive			
	<u></u>		Address		
	Hous	ton, TX 77087			
	•	(City/State and Zip Code		_
	tommy	jones1963@gmail.com			
	<u></u>	E-mail address: (to b	e used for future annual r	report notification)	_
For fur	ther information	concerning this matter, please ca	H:		
	Tommy Jones		713 at (640-1005	
		Name of Contact Person	Area Code	Daytime Telephone Number	
	MAILING AI Division of Co Registration Se P.O. Box 6327 Tallahassee, FI	rporations ection]] (STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	·
Enclose	ed is a check for □ \$125.00 Fili	the following amount: ng Fee \$130.00 Filing Fee Certificate of Status	e & 🔲 \$155,00 Filing Certified Copy	Fee & \$160.00 Filing Fee, Of Status & Certified Co	

 COMIL AND	PURAU	HVMIAAI	101110	INDIVIDALI	DUDINE
 IN EL ODIDA					

	IN FLORII)A			
COMPANYTOTRANSACTBU MAX ACCESS LLC	TION 605.0902, FLORIDA STATUTES, THE FOLLOV ISINESS INTHE STATE OF FLORIDA:	VING IS SUBMITTED TO REG	ISTER A F	ORFIGN	I LIMITED LIABILIT
1. (Name of Fore	ign Limited Liability Company; must include "Lim	nited Liability Company," "L I	L.C.," or "	LLC.")	
				<u></u> .	
(If name unavailable, enter al Liability Company," "L.L.C," State of Texas		g business in Florida. The alter 174053	nate name	must in	clude "Limited
2.	of which foreign limited liability	(FEI number, if ap	nlicable)		
company is organized) October 1, 2015 4.	·		,		
5920 Commerce Rd	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to d	f prior to registration.) letermine penalty liability)			
5 Milton, FL 32583					
(51 () P :	(Street Address of Principal Office	e)			
6					
Houston, TX 77087					
	(Mailing Address)		;	295	
	s of Florida registered agent: (P.O. Box NOT David Robison	<u>acceptable</u>)	, 757) 	SEP 2	- 1-4-M
Name:	5920 Commerce Rd.	<u> </u>	*11-4 *10-4	ထ	
Office Address:	Milton	32583	7.70 7.70 7.70 7.70	Ū	Ö
	(City)	, Florida	ode) rii	4: 2:	
designated in this applicat to complywith the provision	ance: gistered agent and to accept service of proces ion, I hereby accept the appointment as regis ons of all statutes relative to the proper and co ny position as registered agent.	s for the above stated limit stered agent and agree to a	ted liabili act in this	capacii	ty. I further agree
	(SEE LYMOHED)				
	(Registered agent's sig	gnature)			
8. The name, title or capa Max Cammack/President,	city and address of the person(s) who has/have	e authority to manage is/are	::		
Bob Archer/CFO Skyclim	ber				-
Tommy Jones/VP, GM, M	ax Access LLC				_
	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in bmitted) Signature of an authorized	a foreign language, a trans			
	in accordance with section 605.0203 (1) (b), F the Department of State constitutes a third deg	Florida Statutes. I am aware			

Typed or printed name of signee

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	MARINGEROS DA AURINO, CINTERDO DESDEBLA CONTENARA ANCHE ACCIONOMETOS AU ANCHONA DOUBSE	بر
	IN FLORIDA	
Λ		T ITY
_	OMPANT TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	.211
	MAY ACCESSIC	

(If name unavailable, enter alte Liability Company," "L.L.C."	gn Limited Liability Company: mu emate name adopted for the purpos or "LLC.")		ility Company, "LL C.," o	or "LLC.")	·	•
Liability Company," "L.L.C."						
State of Texas		e of nuisacong ouslies: 30-0874053	in Florida. The alternate no	ame must incli	ude "Lin	nied
¬	of which foreign limited hability	3	(FEI number, if applicable	e)	~	
5920 Commerce Rd	(Date first transacted busing (See sections 605,0904 & 608	isa in Florida, if prior to .0905, F.S. to determine	registration.) ponalty liability)			
Milton, FL 32583						
	(Sireet Address of	Principal (Thee)				
Houston, TX 77087					2015	
	(Mailing	Address)		· · · · · · · · · · · · · · · · · · ·	83	
	g of Florida registered agent: (P David Robison	O Box NOT accepta	ible)	1	8 5 9	The state of the s
Name:	5920 Commerce Rd.		·	. ```` ()	U	1
Office Address:	Milton		- 32583 Florida		# 2	
designated in this applicati to complywith the provisio	eistered agent and to accept ser- ion. I hereby accept the appoin ons of all statutes relative to the my position as registered agent.	tment as registered up proper and complete	gent and agree to act in a performance of my duti	this capacity ies, and I am	. I farti	her agree
8. The name, ritte or capacity Max Cammack/President,	city and address of the person(s) Max Access LLC) who has/have author	ity to manage is/are			
Bob Archer/CFO Skyclimb	ber					
Tommy Jones/VP, GM, Mc	as Access LLC		en de la companya de	*		
			in language, a translation			
This document is executed submitted in a document to		0203 (1) (b), Florida S ures a third degree feld LENES printed name of signee	ony as provided for in s.8	iny false info 17.155, F,S —	mation	

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



Carlos H. Cascos Secretary of State

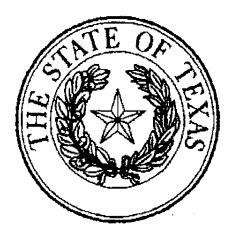
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Registration for Max Access LLC, authorized under the name MAX Acquisition LLC (file number 802237137), a OHIO, USA, Foreign Limited Liability Company (LLC), was filed in this office on June 17, 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 September 29, 2015.



Carlos H. Cascos Secretary of State