

M16000000379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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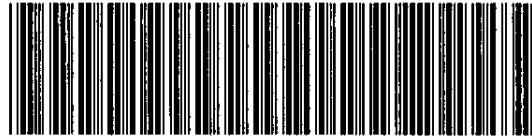
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
JAN 14 AM 9:31  
TALLAHASSEE

JAN 15 2016  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHAS Holdings, 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:

Branden Strickland, Esq.  
Name of Person

Strickland Law Firm PL  
Firm/Company

255 Alhambra Circle, Suite 720  
Address

Coral Gables, FL 33134  
City/State and Zip Code

brandenstrickland@rocketmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Branden Strickland at ( 305 ) 266-3011  
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2016

BRANDEN STRICKLAND  
STRICKLAND LAW FIRM, PL  
255 ALHAMBRA CIRCLE, SUITE 720  
CORAL GABLES, FL 33134

SUBJECT: SHAS HOLDINGS, LLC  
Ref. Number: W16000001498

We have received your document for SHAS HOLDINGS, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 916A00000611

RECEIVED  
2016 JAN 14 PM 1:39  
TALLAHASSEE, FLORIDA

RECEIVED  
2016 JAN 14 AM 9:31  
TALLAHASSEE, FLORIDA

**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:

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

2. Texas US  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-3155915  
(FEI number, if applicable)

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

5. 4108 N. Big Spring Street  
Midland, TX 79705  
(Street Address of Principal Office)

6. 4108 N. Big Spring Street  
Midland, TX 79705  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Strickland Law Firm, PC  
Office Address: 2805 Douglas Road, Suite 303  
Coral Gables, Florida 33134  
(City) (Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

[Signature]  
(Registered agent's signature)

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

Shafik Tejani - Managing Member  
4108 N. Big Spring Street  
Midland, TX 79705

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

[Signature] Brandon Strickland, Esq.  
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 the document, Certificate of Formation for SHAS Holdings, LLC (file number 801474403), a Domestic Limited Liability Company (LLC), was filed in this office on August 31, 2011.

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 January 07, 2016.



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

Carlos H. Cascos  
Secretary of State

*Come visit us on the internet at <http://www.sos.state.tx.us/>*

Phone: (512) 463-5555  
Prepared by: SOS-WEB

Fax: (512) 463-5709  
TID: 10264

Dial: 7-1-1 for Relay Services  
Document: 649147060003