M14000000115

| | (Requestor's N | ame) | |
|---------------------|--------------------|-------------|--------|
| | | | |
| | (Address) | | |
| | | | |
| | (Address) | | |
| | | | |
| | (City/State/Zip/ | Phone #) | |
| | | · | |
| PICK-U | P 🔲 WA | ΙΤ | MAIL |
| | | | |
| | (Business Entit | y Namo) | |
| | (Dusiness Ellill | ly Name; | |
| | 45 | | |
| | (Document Nu | mber) | |
| | | | |
| Cert fied Copies | Certif | icates of S | Status |
| | | | |
| Special Instruction | s to Filing Office | er: | |
| | | | |
| | | | |
| } | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



600281456336

16 JAH 28 AH 8: 05

RECEIVED

200 JAN 27 AM 10: 00

JAN 28 2016 J. HARRIS

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:

1/27/16

NAME:

FAIRLY CONSULTING GROUP, LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| SUBJECT: Fairly Consu | Mome | of Limited Liability Company | | |
|--|---|--|---|----------------------------|
| | Hante | or burned risplin's comban | • | |
| The enclosed "Application by F Existence, and check are submi | oreign Limited Liability Co tted to register the above rei | mpany for Authorization to T crenced foreign limited liabil | ransact Business in Florida," City company to transact busine | Certificate ss in Flori |
| Please return all correspondence | e concerning this matter to t | he following: | · | |
| | | Name of Person | <u>. </u> | |
| | Capitol Service | es - Corporate Filings | Team | |
| | | Firm/Company | | |
| <u> </u> | 206 E | 9th St, Ste 1300 | | |
| | | Address | | |
| | | State and Zip Code | |) f |
| | | - | | |
| | E-mail address: (to be u | ly@fairlygroup.com sed for future annual report no | otification) | |
| For further information concerni | ng this matter, please call: | | | |
| | | at (800) 345 | -4647 | |
| Name | of Contact Person | Area Code Da | ytime Telephone Number | |
| MAILING ADDRESS Division of Corporation | | | T ADDRESS: of Corporations | |
| Registration Section | | Registra | tion Section | |
| P.O. Box 6327 Tallahassee, FL 32314 | | · 2661 Ex | Building secutive Center Circle sec, FL 32301 | |
| Enclosed is a check for the following Fee | wing amount: \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy | \$160.00 Filing Fee, Cert 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: 1. Fairly Consulting Group, 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.") 3 47-5239878 ₂ Texas (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 4 02/01/2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5 1800 South Washington Street, Suite 400 Amarillo, Texas 79102 (Street Address of Principal Office) 1800 South Washington Street, Suite 400 Amarillo, Texas 79102 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 155 Office Plaza Dr Ste A Office Address: Florida 32301 Tallahassee (City) 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 complywith 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, Barbara A. Kaulfuss, Asst. Sec. on behalf reliaeo of Capitol Corporate Services, Inc. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Alex Fairly, Manager 1800 South Washington Street, Suite 400, Amarillo, Texas 79102 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 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.

Alex Fairly, Manager
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 Fairly Consulting Group. LLC (file number 802304544), a Domestic Limited Liability Company (LLC), was filed in this office on October 01, 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 January 26, 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Carlos H. Cascos Secretary of State