Mla	10803
(Requestor's Name) (Address) (Address)	<b>3853</b> 500284982645
(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	04/25/1601026002 **125.00 SECRETARY OF TALLAHASSEE.FLED TALLAHASSEE.FLED FILED TALLAHASSEE.FL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2016

JULIE SINGLETON 3408 SHOREWOOD CT ARLINGTON, TX 76016

SUBJECT: LUCKY BREAK MANAGEMENT SERIES LLC Ref. Number: W16000030860

We have received your document for LUCKY BREAK MANAGEMENT SERIES 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):

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.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 016A00008634

\* Please See attached. Thank you for your help. Jul finghton

### **COVER LETTER**

#### TO: Registration Section Division of Corporations

Lucky Break Management, Series LLC

SUBJECT:

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:

 Julie Singleton

 Name of Person

 Firm/Company

 3408 Shorewood Ct.

 Address

 Arlington, TX 76016

 City/State and Zip Code

 jrsing@yahoo.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerrin Mauga	at (	800)	375-2453	
Name of Contact Pers	on	Area Code	Daytime Telephone Number	
(MAILING ADDRESS)		STREET ADDRESS:		
(Division of Corporations)		Division of Corporations		
(Registration Section)		Registration Section		
(P.O. Box 6327)		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
		Tallahassee, FL 32301		
Enclosed is a check for the following amount:				
Signal State	+	55.00 Filing F ified Copy	Fee & D\$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:

## Lucky Break Management, Series LLC

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

Liability Company," "L.L.C." 2. Texas			a mendae Trininea
2. (Jurisdiction under the law company is organized)	of which foreign limited liability 3	(FEI number, if applicable)	
4		· _ · · · · · · · · · · · · · · · · · ·	
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) termine penalty liability)	
5. 3408 Shorewood Ct., A	16		
·······			APR
	(Street Address of Principal Office)		R 25
6. <u>3408 Shorewood Ct., Arlington, TX 76016</u>			
	· · · · ·		PH To
	(Mailing Address)		3: 09
7. Name and street address	s of Florida registered agent: (P.O. Box NOT	acceptable)	0
Name:	NRAI Services, Inc.		
Office Address:	1200 South Pine Island Raod		
jojitoo riduross.	Plantation	Elorido 33324	
	(City)	, Florida <u>33324</u> (Zip code)	
designated in this applicat to complywith the provisio	ance: gistered agent and to accept service of process ion, I hereby accept the appointment as regist ons of all statutes relative to the proper and co ny position as registered agent.	ered agent and agree to act in this cap	acity. I further agree

NRAI Services, Inc.

(Registered agent's signature) Uinda Stauffer, Assistant Secretary

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

Julie Singleton, Member, 3408 Shorewood Ct., Arlington, TX 76016

Joel Singleton, Member, 3408 Shorewood Ct., Arlington, TX 76016

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.

Julie Singleton Typed or printed name of signee

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

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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 Lucky Break Management, Series LLC (file number 802424064), a Domestic Limited Liability Company (LLC), was filed in this office on March 29, 2016.

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 April 06, 2016.



Culle

Carlos H. Cascos Secretary of State