8/2/716 4 St: 08 PF Frot: To: F06176305 1/4 Division of Corporations Florida Department of State Division of Corporations Electronic Filing Cover Sheet	Page 1 (2)
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	
(((H160001872283))) H160001672283ABC2	
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	S
To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368	ZUIG AUG -2 AM ID: 36
<pre>**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.** Email Address:</pre>	
Foreign Limited Liability Company Air Shelters USA LLC Here Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$125.00 K.SALY AUG 3	R
Electronic Filing Menu Corporate Filing Menu Help	

8/2/2016 4:32:08 PM From: To: 8506176383(2/4)

COVEDIE

		CC	DVER LETTER			
	gistration Section vision of Corporation	ons				
SUBJECT.	Air Shelters USA	LLC				
		Name of	Limited Liability	Company		
The enclose Existence, a	ed "Application by Fo and check are submitt	oreign Limited Liability Com ed to register the above refer	pany for Authorizz renced foreign limi	ation to Tri ted liabilit	ansact Business in Florida," C y company to transact busines	Certificate of ss in Florida
Please retur	n all correspondence	concerning this matter to the	following:			
	Leann Bell					
	····	N	lame of Person	,		
	<u></u>	F	irm/Company			
•	P.O. Box 7702	27				
			Address		·····	
	Fort Worth, T	X 7617 7				
		City/S	itate and Zip Code		······	
	lbell@brandfxbd	ody.com				
	<u> </u>	E-mail address: (to be use	d for future annual	report not	ification)	
For further i	nformation concernin	ig this matter, please call:				
Le	ann Bell		817 at (431-11	31	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.C	ALLING ADDRESS; ision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division (Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Copy	g F cc &	■ \$160.00 Filing Fee, Certi of Status & Certified Copy	ificate

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:

I. Air Shelters USA LLC

. . .

,

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

Texas	3. 8	1-3383741	
	of which foreign limited liability	(FEI number, if applicable)	······································
July 26, 2016			
*	(Date first transacted business in Flom (See sections 605.0904 & 605.0905, F.S	da, if prior to registration.) to determine penalty liability)	~
2800 Golden Triangle	•		TAL ST
Fort Worth, Texas 761		······································	2016 AUG -2 SEURETAP
	(Street Address of Principal C	Office)	H A
P.O. Box 77027			52
Fort Worth, TX 76177			OF SUP
	(Mailing Address)		FLO
Name and street addres	s of Florida registered agent: (P.O. Box]	NOT acceptable)	
Name:	Alfred L. Finloy	-	
Office Address:	650 S.W. 16th Terrace		
Office Address:	Pompano Beach	, Florida <u>33069</u>	
		, rioua	
gistered agent's accep	(City)	(Zip code)	
wing been named as re tignated in this applicat complywith the provisio cept the obligations of t	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as to ons of all statutes relative to the proper of ny position as registered agent (Registered agent	(Zip code) occess for the above stated limited liability registered agent and agree to act in this with complete performance of my duties, of 's signature)	capacity. I further d
wing been named as re tignated in this applicat complywith the provisio cept the obligations of t	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as to ons of all statutes relative to the proper pr my position as registered agent. (Registered agent city and address of the poson(s) who has/	(Zip code) occess for the above stated limited liability registered agent and agree to act in this with complete performance of my duties, of 's signature)	capacity. I further d
wing been named as re- tignated in this application comply with the provision the obligations of the The name, title or capa fred L. Finley, Presiden	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as to ons of all statutes relative to the proper of my position as registered agent (Registered agent city and address of the poson(s) who has/ t Tex roc t	(Zip code) occess for the above stated limited liability registered agent and agree to act in this with complete performance of my duties, of 's signature)	capacity. I further d
wing been named as re- tignated in this application comply with the provision the obligations of the The name, title or capa fred L. Finley, Presiden	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as to one of all statutes relative to the proper of my position as registered agent (Registered agent city and address of the porson(s) who has/ t	(Zip code) occass for the above stated limited liability registered agent and agree to act in this intromplete performance of my duties, of signature) have anthority to manage is/are:	capacity. I further d

of the translator must be submitted) Ć 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.

Alfred L. Finley

. .

Typed or printed name of signec

• • • • •

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 Air Shelters USA LLC (file number 802508034), a Domestic Limited Liability Company (LLC), was filed in this office on July 26, 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 August 01, 2016.



() ull C

Carlos H. Cascos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax; (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 682739780003