# MW000006649

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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Paul L. Cannon
Attorney At Law
pcannon@mcmahonlawtx.com

P.O. Box 3679 Abilene, Texas 79604 400 Pine Street, Suite 800 Abilene, Texas 79601 t. 325.676.9183 ext. 221 f. 325.676.8836 www.mcmahonlawtx.com

August 15, 2016

Florida Department of State Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: MAXX HDD, LLC – Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

Dear Sir or Madame:

Enclosed in duplicate is the above-referenced Application along with our law firm check in the amount of \$125.00. Please return the original filed Certificate of Authorization to the undersigned.

Thank you for your assistance in this regard.

Yours very truly,

Candace S. Barthlow

Candall & Barthlow

Legal Assistant

/cb Enclosures 16 AUG 18 PM 4: 22 SECRETARY OF STATE

## **COVER LETTER**

TO:		ation Section n of Corporations	s					
SUBJE		AXX HDD, LLC						
00000		Name of Limited Liability Company						
The end Existen	losed "A	pplication by Fore	eign Limited Liability Compa I to register the above referen	any for Authorizat	ion to Trai ed liability	nsact Business in Florida," company to transact busin	Certificate of less in Florida	
Please r	eturn all	correspondence co	oncerning this matter to the f	ollowing:				
		Kevin Carrier						
	Name of Person							
	MAXX HDD, LLC							
•	Firm/Company							
	7410 Continental Parkway							
Address								
	Amarillo, TX 79119							
			City/Sta	ate and Zip Code				
		kevin,carrier@ve	nablesconstruction.com					
			E-mail address: (to be used	for future annual	report noti	fication)		
For furt	ther infor	mation concerning	g this matter, please call:					
	Kevin	Carrier		806 at (	381-212	21		
		Name o	f Contact Person	Area Code	Day	time 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						
Enclose		eck for the follows 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co		

# 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. MAXX IIDD, LLC	n Limited Liability Comp	any: must include "Limite	d Liability Company." "L.L.C" or "LI	LC."Y
(tablie of Lorei	gir chinica channel comp	2.y., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
(If name unavailable, enter alto Liability Company," "L.L.C,"	rnate name adopted for the	e purpose of transacting bu	siness in Florida. The alternate name r	nust include "Limited
2. Texas		<sub>3</sub> 47-5648		
(Jurisdiction under the law of company is organized)	f which foreign limited lia	Бііііy	(PEI number, if applicable)	
4. To begin October 1, 20				
	(Date first transacte (See sections 605.090	ed business in Florida, if p. 04 & 605.0905, F.S. to dete	rior to registration.) ermine penalty liability)	
5. 7410 Continental Parky	vay			
Amarillo, TX 79119		dress of Principal Office)		
7410 Continental Parkw		dress of Principal Office)		
6	<u>,</u>	<del>_</del>		:
Amarillo, TX 79119				三流の
	(	(Mailing Address)		58 <b>2</b>
7. Name and street address	of Florida registered a	gent: (P.O. Box <u>NOT</u> a	acceptable)	618 MASS
Name:	National Corporate Re	search, Ltd. Inc.	···	المال المناسبة المنات
Office Address:	115 N. Calhoun Street	, Suite 4		
	Tallahassee		, Florida 32301	F: 2 STAT LORI
Registered agent's accept		(City)	(Zip code)	受点 23
Having been named as re- designated in this applicat	gistered agent and to action, I hereby accept the ons of all statutes relativ	e appointment as registove to the proper and con	for the above stated limited liabiliered agent and agree to act in this implete performance of my duties, in the control of th	capacity. I further agree
8. The name, title or capa Scott Venable, Manager	city and address of the	person(s) who has/have	authority to manage is/are:	
7410 Continental Parkway	,			<del></del>
Amarillo, TX 79119				<del></del>
	of which it is organized.		thenticated by the official having conference to foreign language, a translation of the person	
		e constitutes a third deg	lorida Statutes. I am aware that any ree felony as provided for in s.817.	

Typed or printed name of signee

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



# 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 MAXX HDD, LLC (file number 802335509), a Domestic Limited Liability Company (LLC), was filed in this office on November 20, 2015.

It is further certified that the entity status in Texas is in existence.

FILE U

SECRETARY OF STA

In testimony whereof, I have hereunto significantly and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 27, 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Carlos H. Cascos Secretary of State