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(Requestor's Name)

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PICK-UP WAIT MAIL

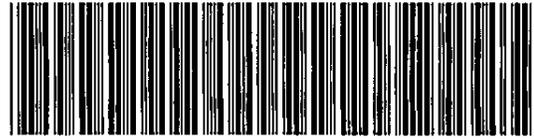
(Business Entity Name)

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TALLAHASSEE, FLORIDA

D. SCOTT
JAN 9 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2016

REAGAN JUDD
5307 E MOCKINBIRD LANE, STE 475
DALLAS, TX 75206

SUBJECT: MOMENTUM PRACTICE PARTNERS, LLC
Ref. Number: W16000084753

RECEIVED
2017 JAN -6 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MOMENTUM PRACTICE PARTNERS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 716A00026963

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Momentum Practice Partners, 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:

Reagan Judd
Name of Person
Momentum Practice Partners, LLC
Firm/Company
5307 E Mockingbird Lane, Ste 475
Address
Dallas, TX 75206
City/State and Zip Code
reagan@momentumpracticepartners.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reagan Judd at (469) 223 5746
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

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STATE OF FLORIDA
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. Momentum Practice Partners, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Momentum Practice Partners FL, 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 3. 81-3458028
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Dec 1, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6125 Anita St
Dallas, TX 75214
(Street Address of Principal Office)

6. 6125 Anita St
Dallas, TX 75214
(Mailing Address)

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

Name: Reagan Judd, Managing Partner
Office Address: 860 US Highway 1, Suite 211
North Palm Beach, Florida 33408
(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.

REAGAN JUDD
(Registered agent's signature)

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

Reagan Judd, Managing Partner
6125 Anita St
Dallas, TX 75214

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SECRETARY OF STATE

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)

REAGAN JUDD
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.

Reagan L Judd
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 Momentum Practice Partners, LLC (file number 802508493), a Domestic Limited Liability Company (LLC), was filed in this office on July 27, 2016.

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

Delayed Effective date: July 28, 2016

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 December 12, 2016.



A handwritten signature in black ink, appearing to read "Cascos".

Carlos H. Cascos
Secretary of State

