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February 8, 2017

ROBERT A SCHRIBER, CPA POWELL, EBERT & SMOLIK, P.C. 515 CONGRESS AVE, STE. 2020 AUSTIN, TX 78701

SUBJECT: PILOT WALL GROUP, LLC

Ref. Number: W17000011351

We have received your document for PILOT WALL GROUP, 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):

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.

Karen A Saly Regulatory Specialist II

Letter Number: 517A00002567

### COVER LETTER

	stration Section. ion of Corporation	ns					
SUBJECT:	PILOT WALL GRO	DUP, L'LC					
.50000011		Name of	Limited Liability	Company			
					ansact Business in Florida," ( y company to transact busine		
Please return a	all correspondence o	concerning this matter to the	following:				
	ROBERT A. S	CHRIBER, CPA					
	<del></del>	N	lame of Person	· ·	•		
	POWELL, EB	ERT & SMOLIK, P.C.			TALES TALES	2017 FEB 13	ب به در د کرم
	· · · · · · · · · · · · · · · · · · ·	F	irm/Company		73. 75. 75.	833	11
	515 CONGRE	SS AVE STE 2020			SSET	<u>.</u>	を 日本
	<del></del>		Address	-			اسا ماري
	AUSTIN, TX	78701			TO SHE	PM 3: 34	
		City/§	State and Zip Code	- , !.	7>*)	•	
	SCHRIBER@A	USTINCPA.COM					
		E-mail address: (to be use	d for future annua	report not	dification)		
For further inf	formation concerning	g this matter, please call:					
ROE	BERT A. SCHRIBE	R	512 at (	.320-80			
_	Name o	of Contact Person	Area Code	Day	rtime Telephone Number		
Divis Regi P.O.	LING ADDRESS: sion of Corporation stration Section Box 6327 thassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see. FL 32301		
	check for the follow 25.00 Filing Fee	ring amount:  \$\sum \text{\$\sum \text{\$130.00 Filing Fee & Certificate of Status}}\$	□ \$155.00 Filii Çertified Copy		■ \$160.00 Filing Fee, Ce of Status & Certified Cop		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

PILOT WALL GROU	UNINESS IN THE STATEOF FLORIDA IP, LLC			
(Name of Fo	reign Limited Liability Company; must	include "Limited Li	ibility Company, "L.L.C." or LIC	•
(If name unavailable, enter a	iterante name adopted for the purpose (." or "LLC.")	of transacting busine	es in Florida. The alternate name an	est include "Limited
2 TEXAS		3, 47-5186920		
(Jurisdiction under the law company is organized)	of which foreign limited limitly	- · · <u></u>	(FEI number, if applicable)	
4. 01/01/2017				
	(Date first transacted business (See sections 605.0904 & 605.0	i in Florida, if prior 905, F.S. to determi	o registration.) ne penalty liability)	
5. 2801 VIA FORTUNA				9
AUSTIN, TX 78746				MITEB 13 P
-A031B1, 1A 75740	(Street Address of Pr	incipal Office)		
<b>'</b> A'	,			空流
· · ·	, , , , , , , , , , , , , , , , , , ,			5 E CO
	- (Mailing A			SEE.
•	, <del>.</del>			
7. Name and street addres	is of Florida registered agent: (P.C	). Box NOT acce	otable)	25 A S
Name:	BRYAN M. BAIER		_	
Office Address:	12203 MARBLEHEAD DRIVE		_	77.
,	TAMPA	1	. Florida 33626	
	(City)		(Zip code)	•
Registered agent's accep				
Having been named as re- decignated in this applica	gistered agent and to accept servi- tion, I hereby accept the appointn	ce of process for i	ke above stated (imiled liabilit) agent and agree to act in this i	company at the place conacity. I further agres
to complywith the provisi	ons of all statutes relative to the p	roper and comple	te performance of my duties, a	nd i am familiar with and
accept the obligations of t	ny position as registered agent.	\\\ \!	<b>1</b>	
		Angle	- Min	
	(Register	red agent's signatur	e)	
8. The name, title or cape	city and address of the person(s)	who has/have auth	ority to manage is/are:	
	GR - 38 PASCAL LANE, AUSTI			
	208 OAKMONT BLVD, AUSTIN			<del></del>
	to Chamon BEAD, AGSIL	(, LA. 10103		<del></del>
<del></del>				
Q. Attiched is a semiflecto	of existence, no more than 90 day	o =1.4° dada andbaa	chianad his sha afficial binging or	erady of records in the
jurisdiction under the law (	of which it is organized. (If the cer	rtificate is in a for	eign language, a translation of t	he certificate under oath
of the translator must be su	bmitted)		•	
	MANA.			
	Signature o	of an authorized per	non	
This document is executed	in accordance with section 605.02	203 (1) (b). Florid	s Statutes. I am aware that any	alse information
submitted in a document to	the Department of State constitute	es a third degree	elony as provided for in s.817.1	55, P.S.
	HEATH SCHIESSER			

Typed or printed name of signer

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 Pilot Wall Group, LLC (file number 802302025), a Domestic Limited Liability Company (LLC), was filed in this office on September 28, 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 February 09, 2017.



Phone: (512) 463-5555

Prepared by: SOS-WEB



Rolando B. Pablos Secretary of State