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| (Re                                     | questor's Name)     | · · · · · · · · · · · · · · · · · · · |  |  |  |
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| (0)                                     | ry/State/Zip/Phone  | . #\                                  |  |  |  |
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| PICK-UP                                 | WAIT                | MAIL                                  |  |  |  |
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SECRETARY OF STATE

K. SALY FEB 21 2017

## **COVER LETTER**

| TO:                  |                                  | ation Section<br>1 of Corporation   | s   |                                    |  |  |  |  |
|----------------------|----------------------------------|---|---|------------------------------------|--|--|--|--|
| SUBJE                |                                  | d Investments, L  | LC  |                                    |  |  |  |  |
| 50252                | · · · ·                          |   | Name of L   | Limited Liability C                | Company                                      |  |  |  |
| The enc<br>Existence | losed "A <sub>l</sub> ce, and ch | oplication by Fore<br>seck are submitted                                    | eign Limited Liability Comp<br>I to register the above refere | any for Authorizat                 | tion to Tra<br>ed liability                  | insact Business in Florida," Certificate of company to transact business in Florid |  |  |
| Please r             | eturn all                        | correspondence c  | oncerning this matter to the                                  | following:                         |  |  |  |  |
|                      |                                  | Kyle Longhofer  |   |                                    |  |  |  |  |
|                      |                                  |   | Na  | me of Person                       |  |  |  |  |
|                      |                                  | Schlanger, Silver, Barg & Paine, L.L.P.                                     |   |                                    |  |  |  |  |
|                      |                                  |   | Fi  | rm/Company                         |  |  |  |  |
|                      |                                  | 109 N. Post Oak Lane, Suite 300  Address  Houston, Texas 77024              |   |                                    |  |  |  |  |
|                      |                                  |   |   |                                    |  |  |  |  |
|                      |                                  |   |   |                                    |  |  |  |  |
|                      |                                  |   | City/St   | ate and Zip Code                   | · · ·  |  |  |  |
|                      | ı                                | euribe@Ind-co.co  | m   |                                    |  |  |  |  |
|                      | -                                | <del>-</del>  | E-mail address: (to be used                                   | for future annual                  | report not                                   | ification)   |  |  |
| For furt             | her inform                       | nation concerning   | this matter, please call:                                     |                                    |  |  |  |  |
|                      | Kyle Lo                          | onghofer  |   | 713<br>at (                        | 735-85                                       | 56   |  |  |
|                      |                                  | Name of   | Contact Person  | Area Code                          | Day  | time Telephone Number  |  |  |
|                      | Division<br>Registra<br>P.O. Bo  | NG ADDRESS:<br>n of Corporations<br>tion Section<br>x 6327<br>see, FL 32314 |   |                                    | Division Registrati<br>Clifton B<br>2661 Exe | ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301     |  |  |
| Enclose              |                                  | ck for the followi<br>.00 Filing Fee  | ng amount: ☐ \$130.00 Filing Fee & Certificate of Status      | ■ \$155.00 Filin<br>Certified Copy | g Fee &                                      | □ \$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 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RI ISDNESS IN THE STATE OF FLORIDA:

| Lind Investments, LLC  |   |   |  |
|--|---|---|--|
| (Name of For   | eign Limited Liability Company; must                                      | include "Limited Liability Company," "L.L.C.," or   | LLC.")   |
| iability Company," "L.L.C,   |   | of transacting business in Florida. The alternate name  | must include "Limited                                |
| Texas  |   | 3. 26-3564447   |  |
| (Jurisdiction under the law company is organized)                                      | of which foreign limited liability  | (FEI number, if applicable)   |  |
| November 1, 2016   |   |   |  |
|  | (Date first transacted business<br>(See sections 605.0904 & 605.09        | in Florida, If prior to registration.) 905, F.S. to determine penalty liability)  | 28   |
| 14350 Chrisman Road  | ·   |   | 灣電   |
| Houston, Texas 77039   |   |   | MITEBIT OF STATE                                     |
|  | (Street Address of Pri  | incipal Office)   | ري <sup>ا</sup> رياري                                |
| 14350 Chrisman Road  |   | ······································  | mo 3   |
| Houston, Texas 77039   |   |   | TIS K  |
|  | (Mailing Ad   | dress)  | ` <u>2</u> 2   |
| Name and street address  | s of Florida registered agent: (P.O.                                      | . Box NOT acceptable)   |  |
| Name:  | BLUMBERGEXCELSIOR COR   | PORATE SERVICE  |  |
| Office Address:  | 155 Office Plaza Drive, 1st Fl.   |   |  |
|  | TALLAHASSEE,  | , Florida 32301   |  |
| gistered agent's accept  | (City)  | (Zip code)  |  |
| ignated in this applicat<br>complywith the provisio                                    | ion, I hereby accept the appointme  | e of process for the above stated limited liability<br>ent as registered agent and agree to act in this<br>oper and complete performance of my duties, to | capacity. I further agree                            |
|  | MASSO   | ariet suc   |  |
| •  | (Registere  | ed agent's signature)   |  |
| The name, title or canad   | city and address of the person(s) wi                                      | ho has/have authority to manage is/are:   |  |
| •  | 14350 Chrisman Road, Houston, T   | • =   |  |
|  |   |   |  |
| us Puentes, Manager, 14  | 4350 Chrisman Road, Houston, Te   | ABS //039   |  |
|  |   |   |  |
| Attached is a certificate of isdiction under the law of the translator must be suited. | f which it is organized. (If the certi                                    | old, duly authenticated by the official having cu<br>ificate is in a foreign language, a translation of the   | stody of records in the<br>ne certificate under oath |
|  |   |   |  |
| •  | Signature of  | on authorized person  |  |
| s document is executed mitted in a document to   | in accordance with section 605.020<br>the Department of State constitutes | 3 (1) (b), Florida Statutes. I am aware that any fit a third degree felony as provided for in s.817.15  | alse information<br>15, F.S.                         |
|  | Hector Fuentes  |   |  |
| _  |   | ted name of signee  |  |

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



# Office of the Secretary of State

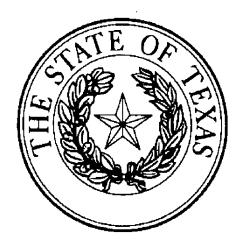
### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LIND Investments, LLC (file number 801041989), a Domestic Limited Liability Company (LLC), was filed in this office on October 17, 2008.

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 07, 2017.



Phone: (512) 463-5555

Prepared by: SOS-WEB



Rolando B. Pablos Secretary of State

Fax: (512) 463-5709 TID: 10264