

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

: (800)345-4647

Fax Number

: (800) 432-3622

annual report mailings. Enter only one email address please.**

Email	Address	:	_

Foreign Limited Liability Company RED MAPLE OPERATIONS, LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$155,00	

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Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN 'JUN 0 9 2017

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

	TION OOSOOQ FLORIDA STATUTES, THE F ISINESS IN THE STALEOF FLORIDA:	IOLLOWING IS SUMMETED TO RECESTER A FIOREIGN 11M ::::	HTED LABITATY
I. Red Maple Operation (Name of Foreign	ons, LLC Chaited Clability Company; must include "Limit	ed Liabilly Company," "LLC." & "LC.")	
(if name tan velicitie, autor alternate re	name adopted far the purpose of transacting horisons in Fi	orkin, The sharmen ment include "Limited Light by Company," "L.L.C."	or "ILC.")
2, Delaware	high foreign lighted Hability company is organized)	3. 82-0903686 (PRi member, Happiloshia)	
4. 05/24/2017	Onto Sori tremanated buildings to Physics. If prior to	a production of the control of the c	= 0 →
4 6000 North Dollar	Date first transpoted business in Plants, if prior to fine sections 603,6304 & 603,0303, F.L. to determ	6. 6900 North Dalles Parkway, Suite 800	7 1
5. 6900 North Dallas Parkway, Suite 800 Plano, Texas 75024		(Milling Addiest) Plano, Texas 75024	1 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
			
7. Name and street addres	ss of Florids registered agent: (P.O. Bo	x NOT acceptable)	OF STATE, FLORID
Name:	Capitol Corporeta Services, Inc.		
Office Address:	155 Office Plaza Dr Ste A		Ď'''
	Tallahassee (Chr)	, Florida 32301 (Zip sods)	
ana accept the vougation	<u></u>	Krista Ali, Asst. Secretary of Capitol Corporate Servi	
	(Registered agent)		
 The name, title or caps <u>Title or Canacity:</u> Manager 	acity and address of the person(s) who b <u>Name and Address</u> D. Richard Henry	as/have authority to manage is/arc: Title or Capacity: Name and Add	ron:
(Use attachments if neces	isary)		
 Attached is a certificate jurisdiction under the law of the translator must be s 	of which it is organized. (If the certification	, duly authenticated by the official having outlody of re- ate is in a foreign language, a translation of the certificat	cords in the ie under oath
10. This document is executionitted in a document of	puted in accordance with section 605.020	a of as authorized person 13 (1) (b), Florida Statutes. I am aware that any false infi bird degree folony as provided for in a.817.155, P.S. Ward HONY or printed name of signer	ormation

<u>Delaware</u>

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RED MAPLE OPERATIONS, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RED MAPLE OPERATIONS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

ř.



6347678 8300 SR# 20174188318

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Date: 05-26-17