## 1000005331

(Re	questor's Name)	
(Ad	dress)	<u></u>
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(Cit	y/State/Zip/Phone	;#)
		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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FILED 17 JUN 21 MII: 09 SECRETARY OF SIATE TALLAHASSEE, FLORID,

D. SCOTT JUN 2 3 2017 **COVER LETTER** 

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2661 Executive Center Circle Tallahassee, FL 32301

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**Registration Section** TO: **Division of Corporations** 

SUBJECT:	BROCK	SOLUTIONS	s us s	SYSTEM	<u>, S, LLC</u>		
		Nar	ne of Limited Li	iability Comp	any		
		reign Limited Liability ed to register the above					
Please return al	l correspondence	concerning this matter	to the following	:			
		Monico	Winne	ett			
			Name of Pe	rson			
	Bro	ck Solution	ns US Firm/Comp	<u>Systen</u> any	ns, LLC		
		86 ARDELT	AVE				
		KITCHENER			ac ac9		
		E-mail address: (to b	t@broc	Ksolut	tion S. Co	m	
For further info	rmation concernir	ng this matter, please ca		F		TALL	Π
m	Ionica U	linnett	at (	226 )	646-00	Jun 21	FILED
		of Contact Person		ea Code	Daytime Telephor	ne Number-	1.1
Divisi Regist	ING ADDRESS on of Corporation ration Section			Divi Reg	REET ADDRESS: ision of Corporation istration Section		
F.U. E	lox 6327			Chr	ton Building		

P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount: □ S125.00 Filing Fee **\$130.00** Filing Fee & □ \$160.00 Filing Fee, Certificate □ \$155.00 Filing Fee & Certificate of Status Certified Copy of Status & Certified Copy

## 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:

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	OLUTIONS US SYSTI ited Liability Company; must include "Limited	EMS: LLC." or "LLC."	
	· · ·		
(If name unavailable, onter alternate name)	adopted for the purpose of transacting business in Flori		
2. TEXAS	oreign timited liability company is organized)	3. 81-5428	665
(Jurisdiction under the law of which i	oreign timited liability company is organized)	(FEI munit	er, if applicable)
4	JUNE 20,2017		The second
	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determin	gistration.) s penaky hability)	
5. BOBO TRISTAR (Sireet Address of Princi	DRIVE	6. <u>SAME AS</u>	5 SE NE
SUITE 126	· · · · · · · · · · · · · · · · · · ·	(1.1000) ( <b>1</b> .1000)	
IRVING, TX	75063		E's E
7. Name and street address of	f Florida registered agent: (P.O. Box	NOT acceptable)	00 m
	CORPORATION SERVI	• •	
Office Address:	1201 HAYS STREET		
	TALLAHASSEE	Florida 3230	01 - 2222
	(//	(Zip cod	c)
Registered agent's acceptan			
Having been named as regist	ered agent and to accept service of p	ocess 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 in my position as registered agent.	ind complete performance of my	duties, and I am familiar with
und accept the congutons of	my position as registerea agent.	Emily Croft	
C	mily Complet	-	
	(Registeredageia's si		
8. The name, title or capacity	and address of the person(s) who has	/have authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>DIRECTOR</u> PRESIDENT	VIVIENNE DTALA 8080 TRISTAR DR. FIZ IRVING, TX 15063	6 SECRETARY	LOURA SCOTT BOBO TRISTOR DR 412 IRVING, TO 75063
DIRECTOR	RICHARD R. BROCK BOBO TRISTAR DR. 412 IRVING, TX 15063	.ke	

(Use attachments if necessary)

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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)

10. 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.

All Department of black constitutions at third degree revolty as provided for in \$.817.15
Signature of an authorized person
Laura Scott Typed or printed mana of signee

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



Rolando B. Pablos 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 Brock Solutions US Systems LLC (file number 802629471), a Domestic Limited Liability Company (LLC), was filed in this office on January 19, 2017.

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

m 1 60 :11

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 June 20, 2017.



Rolando B. Pablos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709 TID: 10264