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DIVISION OF CORPORATIONS

O SIMMONS JUN 2 8 2017

COVER LETTER

	Thoron, LLC
SUBJECT	Name of Limited Liability Company
The enclos Existence,	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please retu	rn all correspondence concerning this matter to the following:
	William Barley
	Name of Person
	Thoron
	Firm/Company
	819 Seville Place
	Address
	Orlando, FL 32804
	City/State and Zip Code
	will.barley@thoron.io
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
1	Name of Contact Person at 650 Area Code Daytime Telephone Number
_	Name of Contact Person Area Code Daytime Telephone Number
E R P	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	s a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate 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:

	name adopted for the purpose of transacting business is	n Florida. The alternate name must include "Limited Lin	ability Company," "L.L.C," or "LLC.")
TEXAS		_{3.} 82-0909382	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI num	ber, if applicable)
May 8, 2017			
	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration.) terume penalty liability)	
530 N. 22ND ST	REET	_{6.} 819 Seville Place	
(Street Address of	Principal Office)	(Mailing Add	tress)
WACO, TX		Orlando, FL	=======================================
76707		32804	<u> </u>
Name: Office Address:	ss of Florida registered agent: (P.O. I KEVIN BARLEY 819 SEVILLE PLACE		FFLEE PH 1:55
Office Addicss.	ORLANDO		
	CHALARIII		
Having been named as re lesignated in this applica	(City) ptance: egistered agent and to accept service ation, I hereby accept the appointmen	, Florida 32804 (Zip co of process for the above stated limited nt as registered agent and agree to acc oper and complete performance of my	d liability company at the place t in this capacity. I further agr
laving been named as re lesignated in this applica o Comply with the provis	(City) ptance: egistered agent and to accept service ation, I hereby accept the appointmen	(Zip co of process for the above stated limited nt as registered agent and agree to ac oper and complete performance of my	d liability company at the place t in this capacity. I further agr
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lesignated in this applice o comply withthe provis and accept the obligation	otance: egistered agent and to accept service ation, I hereby accept the appointmen sions of all statutes relative to the pro is of my position as registered agent. (Registered agent	(Zip co of process for the above stated limited nt as registered agent and agree to acc oper and complete performance of my many signature)	d liability company at the place t in this capacity. I further agr
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Having been named as relegionated in this applicate to this applicate to the provisual accept the obligation. 8. The name, title or cap Title or Capacity: CEO (Use attachments if necess). Attached is a certificate.	containce: registered agent and to accept service ation, I hereby accept the appointment of the profit of my position as registered agent. (Registered agent and to accept service ations of all statutes relative to the profit of my position as registered agent. (Registered agent. (R	of process for the above stated limited at as registered agent and agree to accepte and complete performance of my compared is signature) o has/have authority to manage is/are:	d liability company at the place in this capacity. I further agr duties, and I am familiar with Name and Address:

William Barley

Typed or printed 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 Thoron LLC (file number 802530127), a Domestic Limited Liability Company (LLC), was filed in this office on August 29, 2016.

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

Delayed Effective date: August 30, 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 June 13, 2017.



R

Rolando B. Pablos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB