# M17000005501

(Requestor's Name)
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PICK-UP WAIT MAIL
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2017

BRENT SAVAGE 15803 CASCADING BROOK WAY CYPRESS, TX 77433

SUBJECT: CARDINAL MANAGEMENT SERVICES, LLC

Ref. Number: W17000048514

We have received your document for CARDINAL MANAGEMENT SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 617A00011629

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

## **BIECT:** Cardinal Management Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brent Savage
Name of Person
Cardinal Managment Services, LLC
Firm/Company
15803 Cascading Brook Way
Address
Cypress, TX 77433
City/State and Zip Code
bsavage731@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Brent Savage** 

3059685

Name of Contact Person

Area Code

Daytime Telephone Number

#### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 **STREET ADDRESS:** 

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

■ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	gn Limited Liability Company; must include "Limite		
	e name adopted for the purpose of transacting business in Flo		y Company," "L.L.C," or "LLC.")
2. Texas (Jurisdiction under the law of	which foreign limited liability company is organized)	3. 81-4828868 (FEI number, i	fannicable)
	whom stongs mined monty company is organized)	(The manuscry)	т арупсавлеу
<sub>4.</sub> Jan. 1 2017	(Date first transacted business in Florida, if prior to	registration )	
45000 0 "	(See sections 605.0904 & 605.0905, F.S. to determ	une penalty liability)	
5. 15803 Cascadir	ng Brook Way of Principal Office)	6. 15803 Cascading Brook	
Cypress, TX 77		Cypress, TX 77433	
			<b>3 3 7</b>
7. Name and street addr	ress of Florida registered agent: (P.O. Box	NOT_acceptable)	SSE CONTRACTOR
Name:	Brent Savage		
•	10117 Princess Palm Ave		
Office Address	•		
	Tampa (City)	Florida 33610	
	isions of all statutes relative to the proper	' find complete performance of my dui	ies, and I am familiar with
	ons of my position as registered agent.  (Registered agents	<del></del>	_
	10m/	as/have authority to manage is/are: $\psi$	Name and Address:
8. The name, title or ca	pacity and address of the person(s) who have and Address:	as/have authority to manage is/are:	_
8. The name, title or ca	pacity and address of the person(s) who to Name and Address:  Troy Taylor  4105 Oberlin	as/have authority to manage is/are:	_
8. The name, title or ca	pacity and address of the person(s) who to Name and Address:  Troy Taylor	as/have authority to manage is/are:	_
8. The name, title or ca	pacity and address of the person(s) who to Name and Address:  Troy Taylor  4105 Oberlin  Heston, TX 77006	as/have authority to manage is/are:	_
8. The name, title or ca  Title or Capacity:  President	pacity and address of the person(s) who have and Address:  Troy Taylor  4105 Oberlin  Houston, TX 77006  Brent Savage  158103 Cascading Brook Way	as/have authority to manage is/are:	_
8. The name, title or ca  Title or Capacity:  President  CFO/Sec/ Treasure	pacity and address of the person(s) who to Name and Address:  Troy Taylor  4105 Obertlin  Histon, TX 77006  Brent Savage  158103 Cascading Brook Way Cypress. TX 77433	as/have authority to manage is/are:	_
8. The name, title or ca  Title or Capacity:  President	pacity and address of the person(s) who to Name and Address:  Troy Taylor  4105 Obertlin  Histon, TX 77006  Brent Savage  158103 Cascading Brook Way Cypress. TX 77433	as/have authority to manage is/are:	_
8. The name, title or ca  Title or Capacity:  President  CFO/Sec/ Treasure  (Use attachments if nec  9. Attached is a certifica	pacity and address of the person(s) who have and Address:  Troy Taylor  4105 Oberlin  1 Ston, TX 77005  Brent Savage  158103 Cascading Brook Way Cypress. TX 77433  essary)  te of existence, no more than 90 days old w of which it is organized. (If the certifical submitted)	as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official havir is in a foreign language, a translation	Name and Address:
8. The name, title or ca  Title or Capacity:  President  CFO/Sec/ Treasure  (Use attachments if nec  9. Attached is a certifica jurisdiction under the lar of the translator must be	pacity and address of the person(s) who to Name and Address:  Troy Taylor  4105 Oberlin  The Savage  158103 Cascading Brook Way  Cypress. TX 77433  essary)  te of existence, no more than 90 days old w of which it is organized. (If the certifical submitted)  Signature	as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official havir is in a foreign language, a translation of an authorized person	Name and Address:  ng custody of records in the of the certificate under oath
8. The name, title or ca  Title or Capacity:  President  CFO/Sec/ Treasure  (Use attachments if nec  9. Attached is a certifical jurisdiction under the law of the translator must be  10. This document is exception.	pacity and address of the person(s) who have and Address:  Troy Taylor  4105 Oberlin  1 Ston, TX 77005  Brent Savage  158103 Cascading Brook Way Cypress. TX 77433  essary)  te of existence, no more than 90 days old w of which it is organized. (If the certifical submitted)	duly authenticated by the official havir is in a foreign language, a translation of an authenticated person	Name and Address:  In a custody of records in the of the certificate under oath the cartificate under

Typed or printed name 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 Cardinal Management Services, LLC (file number 802611362), a Domestic Limited Liability Company (LLC), was filed in this office on December 22, 2016.

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

Delayed Effective date: December 28, 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 May 31, 2017.



R

Rolando B. Pablos Secretary of State

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

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

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Dial: 7-1-1 for Relay Services Document: 741476400004