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(Ad	dress)	
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Special Instructions to	Filing Officer:	
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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

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236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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хх	РНОТОСОРУ			
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	(CORPORATE NAME AND DOCUMENT	Γ#)		TILE 2017 AUG -8 SECRETAGY FALLAHASSE
-	(CORPORATE NAME AND DOCUMEN'	ľ #)		SSEE FLO
- ECIAI	(CORPORATE NAME AND DOCUMEN' LINSTRUCTIONS:	l`#)	_	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fo	reign Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.C.,"	or "LLC.")
Liability Company," "L.L.C	alternate name adopted for the purpose of te c," or "LLC.")	ansacting business in Florida. The alternate	name must include "Limi
2. Texas	y of which foreign limited liability	. (FEI number, if applicat	
company is organized)	•	(r.e. number, it applicate	oic)
4U	pon Filing.		
	(Date first transacted business in 1 (See sections 605.0904 & 605.0905,	Florida, if prior to registration.) F.S. to determine penalty liability)	
5. 1211 S. White Chapel	Blvd.		
Southlake, Texas 7609			
1211 C. White Chanel	(Street Address of Princip	oal Office)	_
6. 1211 S. White Chapel	DIVG.		
Southlake, Texas 7609	2		AL SE
	(Mailing Addres	s)	ANS CREIT
7. Name and street address	ss of Florida registered agent; (P.O. Bo	x NOT acceptable)	ASS -
Name:	Registered Agent Solutions, Inc.		33.5
Office Address:	155 Office Plaza Dr. Suite A		
	Tallahassee	, Florida	Q
	(City)	(Zip code)	- 20 18
Registered agent's accept Faving been named as rej	gistered agent and to accept service of	process for the above stated limited lial	bility company at the p
o complywith the provision	ion, I hereby accept the appointment to ons of all statutes relative to the proper my position as registered agent. ///	as registered agent and agree to act in the and complete performance of my dutie	his capacity. I further is, and I am familiar w
ecept the obligations by th	(elem)	Adam Saldana, Asst. Secr	etarv
		ant's signature)	-
77			
B. Jason Keen, Manager	city and address of the person(s) who h	as/have authority to manage is/are:	
211 S. White Chapel Blvd	d.		
outhlake, Texas 76092		*	
Attached is a certificate or risdiction under the law of the translator must be sub-	f which it is organized. (If the berillicat	duly authenticated by the official having e is in a foreign language, a translation o	custody of records in t f the certificate under c
-	Signature of an au	thorized person	_
nis document is executed i bmitted in a document to t	n accordance with section 605.0203 (1) he Department of State constitutes a thi	(b), Florida Statutes. I am aware that any rd degree felony as provided for in s.817	y false information .155, F.S.
	B. Jason Keen		
-	Typed or printed na	me of sinner	-