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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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J. HARRIE

COVER LETTER

TO: Registration Section

Div	rision of Corporatio	ns				
SUBJECT:	Your Stay Mgmt.,	LLC				
		Name of	Limited Liability (ompany		
					insact Business in Florida," Co y company to transact business	
Please return	all correspondence	concerning this matter to the	following:			
	Connor Pears	son				
		.N	ame of Person	<u>.</u>		
	Your Stay Mg	mt., LLC				
		Fi	irm/Company	<u> </u>		
	3225 N Grape	evine Mills Blvd. Apt. 2311				
	11 2		Address			
	Grapevine, T	X 76051				
		City/S	tate and Zip Code			
	contact@yours	taymgmt.com				
	-	E-mail address: (to be used	d for future annual	report no	tification)	
For further in	nformation concernin	g this matter, please call:				
Со	onnor Pearson		817	933-30		
	Name o	of Contact Person	at (Area Code	Day	time Telephone Number	
Div Reg P.O	AILING ADDRESS: rision of Corporation: gistration Section b. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section cuilding centive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

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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State of Texas (Jurisdiction under the law of w	high tiseeuun	lumited leability can	means is nemarand)	3	. <u>N/A</u>		(FEI number	uf applicabl	ام		_
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6/13/2017	(Data	de Line en la Flan	FI - 1 - 7	- 4 >							
	(See s	nections 605,0904	siness in Florida, if prior & e05 0905, F.S. to dete	r to registrate ermine penali	m.) y liability)						
3225 N Grapevine M				6	3225	N Grapevi			2311		_
(Street Address of I Grapevine, TX 7605	•	ice)			Grane	evine, TX 7	Mailing Addres	is)			
Grapovino, 1x 1000	<u>-</u>	···			Grape					ne r	-
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Name and street addres	ss of Floi	rida registere	d agent: (P.O. B	ox <u>NOT</u>	_acceptal	ble)			7/2 31 20 31	28	
Name:	Randa	all Hill									
Office Address:	570 Ta	llahassee Dr	NE						; :	₽	
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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 Your Stay Mgmt, LLC (file number 802463708), a Domestic Limited Liability Company (LLC), was filed in this office on May 23, 2016.

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

Delayed Effective date: May 24, 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 August 23, 2017.





Rolando B. Pablos Secretary of State