

M17000008454

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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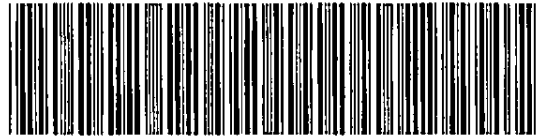
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

OCT 03 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mercedes Restoration, 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:

George F. Indest III, Esquire

\_\_\_\_\_  
Name of Person

The Health Law Firm

\_\_\_\_\_  
Firm/Company

1101 Douglas Avenue

\_\_\_\_\_  
Address

Altamonte Springs, Florida 32714

\_\_\_\_\_  
City/State and Zip Code

Clint@MrRestore.com

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

For further information concerning this matter, please call:

George F. Indest III, Esquire

407

331-6620

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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:

1. Mercedes Restoration, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")
2. Texas 3. 26-4119907  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 8350 North Central Expressway 6. 1590 Texas Highway 121  
(Street Address of Principal Office) (Mailing Address)  
Suite 1500 Building 2, Suite 100  
Dallas, Texas 75206 Lewisville, Texas 75056
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: The Health Law Firm
- Office Address: 1101 Douglas Avenue  
Altamonte Springs, Florida 32714  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process 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 and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

George F. Indest III, President

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager/Member	<u>Elizabeth Junell</u> <u>225 Barkley Drive</u> <u>Hickory Creek, Texas 75065</u>	Manager/Member	<u>Woodrow R. Dyer III</u> <u>8350 N. Central Expwy #800</u> <u>Dallas, Texas 75206</u>
Manager/Member	<u>Mark D. Lindsey</u> <u>7601 Goodnight Trail</u> <u>Amarillo, Texas 79110</u>		

(Use attachments if necessary)

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.

George F. Indest III  
Signature of an authorized person

George F. Indest III, Esquire, Authorized Representative  
Typed or printed name of signer

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



Rolando B. Pablos  
Secretary of State

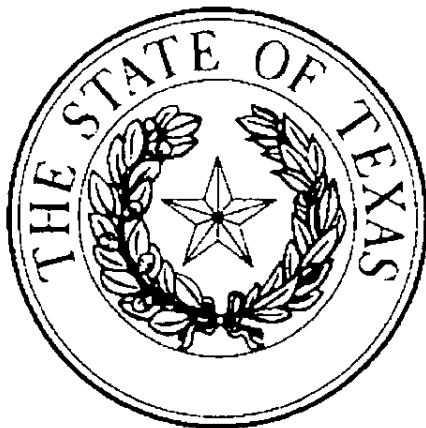
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Mercedes Restoration, LLC (file number 801078119), a Domestic Limited Liability Company (LLC), was filed in this office on January 24, 2009.

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

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 September 22, 2017.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos  
Secretary of State