# Kim Tadlock 8804322622 002/05) 100/207-044:57 PM

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-6383	
From:	Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017 Phone : (800)345-4647 Fax Number : (800)432-3622	
	address for this business entity to be used t mailings. Enter only one email address pl	
		·····
	Foreign Limited Liability Company	

#### COVER LETTER

BJECT:	Mash'D Davie, LLC		
DJEC1.		ime of Limited Liability Company	
e enclosed istence, ar	"Application by Foreign Limited Liabilid check are submitted to register the about	y Company for Authorization to Trac e referenced foreign limited liability	nsact Business in Florida," Certificat company to transact business in Flor
ase return	all correspondence concerning this matter	r to the following:	
		Name of Person	<del></del>
	Capitol Services - Corporate	Filings Team	
		Firm/Company	
	515 East Park Avenue 2nd F	<u> </u>	
		Address	
	Tallahassœ, FL 32301		
		City/State and Zip Code	
	randi@trufire.us		
	E-mail address: (to	be used for future annual report noti	fication)
r further i	nformation concerning this matter, please	call:	
		m* ( ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	197
	Name of Contact Person	at ( ; ) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ime Telephone Number
	ILING ADDRESS:		ADDRESS:
	ision of Corporations distration Section		of Corporations on Section
-	. Box 6327	Clifton Bu	
Tal	ahassoc, FL 32314		eutive Center Circle ee, FL 32301
	t check for the following amount: \$125,00 Filing Fee \$130.00 Filing !	Fee & S155.00 Filing Fee &	☐ \$160.00 Filing Fee, Certificate

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

IN COMPILIANCE WITH SECTION 605.0002, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A PORFICE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Capitol Corporate Services, Inc.  Capitol Corporate Services, Inc.  Capitol Corporate Services of process for the above stated distilled limited with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar except the obligations of my position as registered agent. Krista Ali. Asst. Sec. on behalf of the provisions of my position as registered agent. Capitol Corporate Services, Inc.  Signature to complete the configuration of my position as registered agent. Capitol Corporate Services, Inc.  Signature the obligations of my position as registered agent. Krista Ali. Asst. Sec. on behalf of the name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Name and Address:  Name	unavallable, enter alternate na	me adopted for the purpose of transacting trusiness in Flor	ida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC,")
(Cap code)  (Capitol Corporate Services, Inc.  (Capitol Corporate Services for the above stated limited liability company of the name, title or capacity and address of the person(s) who has/have authority to manage is/arc.  (Registered signer) services, Inc.  (Capitol Corporate Services)  (Capitol Corporate Services, Inc.  (Capitol Corporate Services, Inc.  (Capitol Corporate Services, Inc.  (Capitol Corporate Services, Inc.  (Capitol Corporate Services, Inc.)  (Capitol Corporate Services, Inc.)  (Capitol Corporate Services, Inc.)  (Capitol Corporate Services)  (Capitol Corporate Services)  (Capitol Corporate Services)  (Capitol Corporate Services)  (Capitol Corporate Services, Inc.)  (Capitol Corporate Services, Inc.)  (Capitol Corporate Services, Inc.)  (Registered agent and agree to act in this capacity. If purhamphy with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar recept the obligations of my position as registered agent. Krista All, Asst. Nec. on behalf of Capitol Corporate Services, Inc.  (Registered sears's secures)  (Registered sears's secures of the sear	xas		3	
(Second Address of Principal Office)  Frisco, Texas 75033  Some Address of Florida registered agent: (P.O. Box NOT succeptable)  Name: Capitol Corporate Services, Inc.  Office Address: State Park Avenue 2nd Fl  Tallahassee Florida agent and to accept service of process for the above stated limited liability company of the sample with the provisions of all statutes relative to the proper and complete performance of my duties, and a ma familiar accept the obligations of my position as registered agent. Krista Ali, Asst. Sec. on behalf of Capitol Corporate Services, Inc.  (Registered agent)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Manager David Kazarian Manager Jay Clark  Manager Robert Wechsler  8096 Vista View Frisco, Texas 75034  Robert Wechsler  8096 Vista View Frisco, Texas 75034  Prisco, Texas 75034  Manager Robert Wechsler  8096 Vista View Frisco, Texas 75034  Supeart of as authorized person  State constitutes a third degree felony as provided for in s.817.155, F.S.	Jurisdiction under the law of wh	ach foreign Emmed liability company is organized)	(FEI n	umber, if applicable)
A01 Preston Road, Suite D-1  (Street Address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  Tallahassee , Florida 32301  (Capo Manager   Fisco   Florida   Florida		Daniel Control		<del></del>
Frisco, Texas 75033  Frisco, Texas 75034  Frisco, T				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  Tallahassee Florida 32301  (Cip) (Cip) (Cip) (Cip code)  (Stered agent's acceptance: (Cip) (Cip code)  (Stered agent's acceptance: (Cip) (Cip code)  (Stered agent's acceptance: (Cip) (Cip code)  (Stered agent's acceptance of agent and to accept service of process for the above stated limited liability company of the granded in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent. Krista Ali, Asst. Sec. on behalf of Capitol Corporate Services, Inc.  (Registered agent: vaguage)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Manager David Kazarian Manager Jay Clark  (433 Canyon Ranch Frisco, Texas 75034  Manager Robert Wrchsler  8096 Vista View  Frisco, Texas 75034  Sec attachments if necessary)  Astached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in addiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a forei	3401 Preston Road, Su	ite D-1	6. 5050 FM423, Apt 9307	Address
Name:  Office Address:  Tallahassee  (Gay)	Frisco, Texas 75033	_		<u> </u>
Office Address:    Tallahassee		<del></del>		
Name:  Office Address:  Tallahassee  (Gay)				<u>=</u> :
Office Address:    Tallahassee	Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	13
Office Address:  Tallahassee  (City)  (In this capacity: Interest adent in Adaptes to act in this capacity. I further  (City)  (City)  (City)  (City)  (City)  (In this capacity.  (City)  (Coty)  (City)  (Ci	Name:	Capitol Corporate Services, Inc.		St.
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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

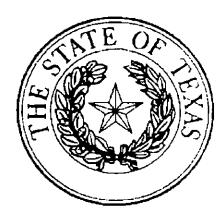
### Office of the Secretary of State

#### Certificate of Fact ---

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Mash'D Davie, LLC (file number 802883916), a Domestic Limited Liability Company (LLC), was filed in this office on December 15, 2017.

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 December 19, 2017.





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

X: (312) 403-370 TID: 10264 Dial: 7-1-1 for Relay Services Document: 782490260003