# M18000001323

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	<del>)</del>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates c	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

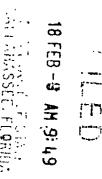


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### RECEIVED

JAN 29 7818



FEB 0 7 2018 Y SULKER



January 31, 2018

JANET BARRETT 5301 LEGACY DR PLANO, TX 75024 US

SUBJECT: NANTUCKET ALLSERVE, LLC

Ref. Number: W18000010320

We have received your document for NANTUCKET ALLSERVE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on February 28, 2008.

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.

Letter Number: 718A00002119

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

#### COVER LETTER

SUDJECT.	Nantucket Allserve	, LLC			
SUBJECT:	·	Name of	Limited Liability (	Company	
					insact Business in Florida," Certific company to transact business in F
Please retur	n all correspondence	concerning this matter to the	following:		
	Janet Barrett				
		N	ame of Person		
	Dr Pepper Sna	pple Group			
		F	irm/Company		
	5301 Legacy D	Prive			
			Address		
	Plano, TX 750	24			
		City/S	tate and Zip Code		
	janet.barrett@dp	esg.com			
	· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be use	d for future annual	report not	ification)
For further	information concerning	ng this matter, please call:			
Ja	net Barrett		972 at (	673-80	88
	Name	of Contact Person	Area Code	Day	time Telephone Number
Di Re P.0	vision of Corporation ogistration Section O. Box 6327			Division Registrat Clifton B 2661 Exc	C ADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301

# 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Nantucket Allserve, LI			
(Name of Foreign	Limited Liability Company, must include "Li	mited Liability Company," "L.L.C.," or "LLC.	
(If name unavailable, enter observate r	ame adopted for the purpose of transacting business in	n Florida. The alternate name must include "Limited L	isbility Company," "I I C 7 or "I I C 7)
2 Delaware	•	3. 04-3093808	morning company, the control of the control of
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		mber, al applicable)
4 December 31, 2017			
	(Date first transacted business in Florain, if pric (See sections 605.0904 & 605.0905, F.5. to de	or to registration.)	
5 5301 Legacy Drive		6 Same as Principal Office	
(Street Address of	Principal Office)	(Masking Ac	tdress)
Plano, TX 75024			
7 57	679 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
/. Name and street addre	ss of Florida registered agent: (P.O. E	lox <u>NOT</u> acceptable)	
Name:	CT Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation		
	(City)	, Florida 33324	<del></del>
Registered agent's accep	tance:		;*** <u></u>
Having been named as re	gistered agent and to accept service	of process for the above stated limite	d liability company at the place
aesignated in this applica	tion, I hereby accept the appointmen	It as registered agent and agree to ac	t in this committee I farther acres
and accept the obligation	ions of all statutes relative to the proj s of my position as registered agent.	per and complete performance of my	· · · _
	Mic	hael E. Jones	
	(Registered age:		
8. The name, title or caps	acity and address of the person(s) who		;, <b>u</b>
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Board of Manager	James L. Baldwin	Board of Manager	Larry D. Young
	5301 Legacy Drive Plano, TX 75024	<del></del>	5301 Legacy Drive
	1,1,110, 17, 7,5024	<del>_</del>	Plano. TX 75024
Board of Manager	Martin M. Ellen		
	5301 Legacy Drive		
	Plano, TX 75024	<del></del>	
(Use attachments if neces	sary)		
9. Attached is a certificate	of existence, no more than 90 days of	d. duly authenticated by the official b	aving custody of moondain the
Jurisdiction under the law	of which it is organized. (If the certific	cate is in a foreign language, a translat	tion of the certificate under oath
of the translator must be st	ıbmitted)	3 3, 1	2,000,000
10. This document is execu	uted in accordance with section 605.02	203 (1) (b) Florida Statutas I	
submitted in a document to	the Department of State constitutes a	third degree felony as provided for in	s.817.155. F.S.
	Mayor lower	/	
	Signal	rate of an authorized person	<del></del>
	<i>'</i>	<b>F</b>	
	Wayne R. Lewis, Vice President & A	Assistant Secretary	

Typed or printed name of signee

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name amountable onto observe a	name adopted for the purpose of transacting business or	Clarida Whatha and a second and a second	11117. 0
2. Delaware	same another on the purpose of transacting planners in		ed Liability Company," "LLC," or "LLC.")
	hich foreign limited liability company is organized)	3. <u>04-3093808</u> (FEI	number, if applicable)
4 December 31, 2017			
4. <u>December 31, 2017</u>	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to regutation.)	
5 5301 Legacy Drive	(See sections 605.0904 & 603.0903, F.S. to dete		
(Street Address of	Principal Office)	6. Same as Principal Offic	CC Address)
Plano, TX 75024			
		<u>-</u>	
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)	<del>}</del> .
Name:	CT Corporation System		<b>1.</b>
Office Address:	1200 South Pine Island Road		
	Plantation	m 1317.4	50 ± 33 50 ± 33
	(City)	, Florida 33324	or code)
Registered agent's accep			
designated in this applica to comply with the provis	ition, I hereby accept the appointment ions of all statutes relative to the prop	t as registered agent and agree to	ited liability company of the place act in this capacity. I further agre
designated in this applica to comply with the provis	ntion, I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent.  Mich	t as registered agent and agree to er and complete performance of nacl E. Jones	ited liability company of the place act in this capacity. I further agre
designated in this applica to comply with the provis	ition, I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent.	t as registered agent and agree to er and complete performance of nacl E. Jones	ited liability company of the place act in this capacity. I further agre
designated in this applica to comply with the provis- and accept the obligation  8. The name, title or cap	ition, I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent.  Mich (Registered agent)  acity and address of the person(s) who	t as registered agent and agree to er and complete performance of nacl E. Jones (1) signate) has/have authority to manage is/as	ited liability company at the place act in this capacity. I further agre my duties, and Eam familiar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or caparity:	acity and address of the person(s) who  Name and Address:	t as registered agent and agree to er and complete performance of mael E. Jones  (1) signate)  has/have authority to manage is/as  Title or Capacity:	ited liability company at the place act in this capacity. I further agre my duties, and Lam familiar with the company at the control of the c
designated in this applica to comply with the provis- and accept the obligation  8. The name, title or cap	acity and address of the person(s) who  Name and Address:  James L. Baldwin	t as registered agent and agree to er and complete performance of nacl E. Jones (1) signate) has/have authority to manage is/as	nited liability company at the place act in this capacity. I further agreemy duties, and Eam familiar with the second sec
designated in this applicate comply with the provisand accept the obligation  8. The name, title or caparity:	acity and address of the person(s) who  Name and Address:	t as registered agent and agree to er and complete performance of mael E. Jones  (1) signate)  has/have authority to manage is/as  Title or Capacity:	ited liability company at the place act in this capacity. I further agre my duties, and Lam familiar with the company at the control of the c
designated in this applicate comply with the provisand accept the obligation  8. The name, title or caparity:	acity and address of the person(s) who  Name and Address:  James L. Baldwin  100.05 of the person of	t as registered agent and agree to er and complete performance of mael E. Jones  (1) signate)  has/have authority to manage is/as  Title or Capacity:	nited liability company at the place act in this capacity. I further agreemy duties, and Lam familiar with re:  Name and Address:  Larry D. Young  5301 Legacy Drive
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap: Title or Capacity: Board of Manager	acity and address of the person(s) who  Name and Address:  James L. Baldwin  5301 Legacy Drive Plano. TX 75024  Martin M. Ellen  5301 Legacy Drive	t as registered agent and agree to er and complete performance of mael E. Jones  (1) signate)  has/have authority to manage is/as  Title or Capacity:	nited liability company at the place act in this capacity. I further agreemy duties, and Lam familiar with re:  Name and Address:  Larry D. Young  5301 Legacy Drive
designated in this applicate to comply with the provisional accept the obligation.  8. The name, title or capatitle or Capacity:  Board of Manager  Board of Manager	acity and address of the person(s) who Name and Address:  James L. Baldwin  5301 Legacy Drive Plano. TX 75024  Martin M. Ellen  5301 Legacy Drive Plano. TX 75024	t as registered agent and agree to er and complete performance of mael E. Jones  (1) signate)  has/have authority to manage is/as  Title or Capacity:	nited liability company at the place act in this capacity. I further agreemy duties, and Lam familiar with re:  Name and Address:  Larry D. Young  5301 Legacy Drive
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap: Title or Capacity: Board of Manager	acity and address of the person(s) who Name and Address:  James L. Baldwin  5301 Legacy Drive Plano. TX 75024  Martin M. Ellen  5301 Legacy Drive Plano. TX 75024	t as registered agent and agree to er and complete performance of mael E. Jones  (1) signate)  has/have authority to manage is/as  Title or Capacity:	nited liability company at the place act in this capacity. I further agreemy duties, and Lam familiar with re:  Name and Address:  Larry D. Young  5301 Legacy Drive
designated in this application comply with the provisional accept the obligation.  8. The name, title or capatitle or Capacity:  Board of Manager  Board of Manager  (Use attachments if necess)  9. Attached is a certificate	acity and address of the person(s) who Name and Address:  James L. Baldwin  5301 Legacy Drive Plano. TX 75024  Martin M. Ellen  5301 Legacy Drive Plano. TX 75024  sary)  of existence, no more than 90 days old of which it is organized. (If the certific	t as registered agent and agree to be and complete performance of mael E. Jones  Taile or Capacity:  Board of Manager	nited liability company at the place act in this capacity. I further agreemy duties, and Lam familiar with re:  Name and Address:  Larry D. Young  5301 Legacy Drive Plano. TX 75024

Typed or printed came of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NANTUCKET ALLSERVE LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SIXTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

6673225 8300 SR# 20180781788

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey VI. Bulleck, Secretary of State

Authentication: 202103546

Date: 02-06-18