M18000003494

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Endly Name)
(Document Number)
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Special Instructions to Filing Officer:
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SECRETARY OF STATE
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 22, 2018

DD CARPENTER 10497 TOWN & COUNTRY WAY **STE 430** HOUSTON, TX 77024

SUBJECT: ADROIT PARTNERS, LLC

Ref. Number: W18000028280

We have received your document for ADROIT PARTNERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 918A00005831

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COVER LETTER

TO: Registration Section

Div	ision of Corporatio	ns						
SUBJECT:	ADROIT PARTNE	ERS, LLC						
		Name of	Limited Liability	Company				
		reign Limited Liability Comp ed to register the above refer						
Please return	all correspondence	concerning this matter to the	following:					
	DD CARPEN	TER						
		N	ame of Person					
	ADROIT PAR	TNERS, LLC						
	Firm/Company							
	10497 TOWN & COUNTRY WAY, SUITE 430							
			Address					
	HOUSTON, T	EXAS 77024						
	 	City/S	tate and Zip Code	-				
	dd.carpenter.adr	oitpartners.net						
		E-mail address: (to be used	d for future annua	report no	tification)			
For further is	nformation concerning	g this matter, please call:						
DD	Carpenter		713 at (464-38	300			
	Name o	of Contact Person	Area Code	Day	ytime Telephone Number			
Div Reg P.O	ision of Corporation istration Section Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations tion Section Building ecutive Center Circle see, FL 32301			
	a check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop			

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:

	ame adopted for the purpose of transacting business in FI		a ilisoimy Company, ILLC, or TLC
STATE OF TEXAS		3. <u>46-1316897</u>	
(Junisdiction under the law of w	hich foreign limited liability company is organized)	(FEI	maniter, il applicable)
MARCH 19, 2018			
	(Date first transacted business in Florida, if prior to Oce sections 605 0904 & 605 0905, F.S. to determ	o registration. i nine penalty liability)	44 6
10497 TOWN & COU		6. 10497 TOWN & COU	
(Street Address of SUITE 430	тиктря (Ив.с)	SUITE 430	Address)
HOUSTON, TX 77024	L	HOUSTON, TX 77024	
	÷1		
Name and street address	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	7 P. 1
	Corporation Service Company	i. i.o. i i i i i i i i i i i i i i i i	ABOTE CO
Name:	Corporation Service Company		7
Office Address:	1201 Hays Street		
		Florida 32301	
signated in this applica	tance: gistered agent and to accept service of tion, I hereby accept the appointment a	process for the above stated limi as registered agent and agree to	ited liability company at the act in this capacity. I furth
iving been named as re signated in this applica comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment a ons of all statutes relative to the proper	process for the above stated limi as registered agent and agree to	ited liability company at the act in this capacity. I furth
ving been named as re ignated in this applica omply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment a ons of all statutes relative to the proper of the property of the prop	process for the above stated limits registered agent and agree to a rand complete performance of i	ited liability company at the act in this capacity. I furth ny duties, and I am familia:
ving been named as re ignated in this applica comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment a ons of all statutes relative to the proper of the property of the prop	process for the above stated lim as registered agent and agree to r and complete performance of r	ited liability company at the act in this capacity. I furth
wing been named as re signated in this applica comply with the provisi d accept the obligation	tance: gistered agent and to accept service of gistered agent and to accept service of gion, I hereby accept the appointment at ons of all statutes relative to the proper of my position as registered agent. Corporation Service Company of By: (Registered agent's	process for the above stated limits registered agent and agree to r and complete performance of the complete perfo	ited liability company at the act in this capacity. I furthe ny duties, and I am familian dvia Queppet, Asst. Vice
iving been named as re signated in this applica comply with the provisi d accept the obligation: The name, title or capa	tance: gistered agent and to accept service of tion, I hereby accept the appointment a ons of all statutes relative to the proper of the property of the prop	process for the above stated limits registered agent and agree to a rand complete performance of the summation of the summati	ited liability company at the act in this capacity. I furth my duties, and I am familian allowed the Company of
wing been named as resignated in this application of the provision of the control of the control of the capacity:	tance: gistered agent and to accept service of tion, I hereby accept the appointment a ons of all statutes relative to the proper of of my position as registered agent. Corporation Service Company By: (Registered agent's acity and address of the person(s) who have and Address:	process for the above stated limits registered agent and agree to r and complete performance of the complete perfo	ited liability company at the act in this capacity. I furthe ny duties, and I am familian dvia Queppet, Asst. Vice
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iving been named as resignated in this applicated in this applicate comply with the provision discrept the obligation. The name, title or capa <u>Title or Capacity:</u> Managing Partner	tance: gistered agent and to accept service of tion, I hereby accept the appointment a ons of all statutes relative to the proper to fmy position as registered agent. Corporation Service Company By: (Registered agent's (Registered agent's acity and address of the person(s) who have and Address: Kristin D. Johnson 12731 Trail Hollow Dr. Houston, TX 77024	process for the above stated limits registered agent and agree to a rand complete performance of the summation of the summati	ited liability company at the act in this capacity. I furth my duties, and I am familian allowed the Company of
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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 ADROIT PARTNERS, LLC (file number 801678670), a Domestic Limited Liability Company (LLC), was filed in this office on November 01, 2012.

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 March 15, 2018.



RR

Rolando B. Pablos Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 800514480003

Phone: (512) 463-5555 Prepared by: SOS-WEB