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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 6V FACADES 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:
ANA G. CARRERA Name of Person
GV FACADES LLC Firm/Company
1015 W. SAM HOUSTON PKWY N. Ste #241
HOUSTON, Texas 17043 City/State and Zip Code
ANA OGV FACADES. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANA CARRERA at 713 446-5451 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \(\text{U} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2018

ANA G CARRERA 1075 W SAM HOUSTON PKWY N STE 241 HOUSTON, TX 77043

SUBJECT: GV FACADES, LLC Ref. Number: W18000038936

We have received your document for GV FACADES, 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

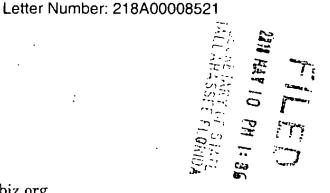
√The designation of the registered office and the registered agent, both at the same Elorida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Jenna D Harris

Regulatory Specialist II



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

IN COMPLIANCE WITH SECTION 605.0402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: GV FACADES LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.(..C.," or "LLC.") Iff name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." "LLC" or "LLC" (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0964 & 605.0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 3458 Lake shore Drive Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company of the places designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I full her 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. URS Agents, LLC by: Christian Eubanks, Assistant Secretary 8. 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: GV FACADES LAXMI MADDI GV FACADES PKWY N.STE HOUSTON, TX (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 talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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



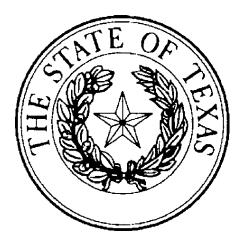
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for GV Facades, LLC (file number 802575149), a Domestic Limited Liability Company (LLC), was filed in this office on November 02, 2016.

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 May 02, 2018.



Phone: (512) 463-5555

Prepared by: SOS-WEB

R

Rolando B. Pablos Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 810883180002