

(Re	questor's Name)	
(Ad	dress)	
	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
		MAIL
—	—	_
(Bu	siness Entity Narr	ne)
(Do	cument Number)	
Catified Casies	Costification	of Status
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
	·	
.		

Office Use Only



05/14/18--01026--003 **180.00





	egistration Section ivision of Corporations		ν.		
6110 ID 07	Clements Properties LLC				
SUBJECT	`:Name	e of Limited Liability C	Company	-	
The enclos Existence,	ed "Application by Foreign Limited Liability C and check are submitted to register the above r	Company for Authoriza eferenced foreign limit	tion to Transact Business in Florida. ed liability company to transact bus	" Certifica iness in Flc	te of rida.
Please retu	rn all correspondence concerning this matter to	the following:			
	Mary Clements				
		Name of Person		-	
	Clements Properties				
Firm/Company				-	
	1413 Eastwick Lane				
	Address			-	
	Plano, Texas 75093		· · · · · · · · · · · · · · · · · · ·	TH FICZ	
City/State and Zip Code			PAT		
	Texaskc@TX.RR.Com			N _1	1
	E-mail address: (to be	used for future annual	report notification)	-	11
For further	r information concerning this matter, please cal	1:			
٢	Kevin Clements	214 at (293-7469		
_	Name of Contact Person	Area Code	Daytime Telephone Number		
E R P	AAILING ADDRESS: Division of Corporations tegistration Section P.O. Box 6327 'allahassee, FL 32314		<u>STREET ADDRESS:</u> Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle		

COVER LETTER

•

• "

Enclosed is a check for the following amount:					
S125.00 Filing Fee	🗍 \$130.00 Filing Fee &	🗖 \$155.00 Filing Fee &	🔳 \$160.00 Filing Fee, Certificate		
	Certificate of Status	Certified Copy	of Status & Certified Copy		

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations 2018 MAY 2

NH 10: 1,8

Ð

May 15, 2018

MARY CLEMENTS 1413 EASTWICK LN PLANO, TX 75093

SUBJECT: CLEMENTS PROPERTIES LLC Ref. Number: W18000045838

We have received your document for CLEMENTS PROPERTIES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. $\frac{1}{N_{2}}$

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L17000194852.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00010061

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION (05,000; FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

VIOLOGI A	Soperties Flok. Dr.	Florida The alternate name numerinclode "Ennited Ltability Company," "L.L.C." or "LLC	.")
	are adopted for the purpose of a matching of the of the	3 81-1220312	
exas	ich foreign lumied liability company is organized)	(FEI number, if applicable)	
	-		
NA	(Date first transacted business in Florida, it prior	tio (registration.)	
	Date best transacted obstices for taxina, in pre- (See sections 605 0904 & 605 0905, F.S. to deter	comine periody and any i	
1413 Eastwick Lane		6. 1413 Eastwick Lane (Starting Address)	
(Street Address of F	mneipal Office)	Plano Texas 75093	
Plano Texas 75093			
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. B	Box <u>NOT</u> acceptable)	
N	David Healy - Esq.		
Name:			
Office Address:	3522 Thomasville Road Suite 301		
	Tallahassee, Florida	Clorida 32309	
	(City)	Florida 32309 (Zip code)	
gistered agent's accep	(City)	$\frac{1}{2}$	ie pla
gistered agent's accepting been named as ro	(Cits) otanece: egistered agent and to accept service (of process for the above stated limited liability company at the above stated limited liability company at the sequence to act in this capacity $= I$ furt	ie pli her i
gistered agent's accepting been named as raised in this applice	(Cits) otanece: egistered agent and to accept service (of process for the above stated limited liability company at the above stated limited liability company at the sequence to act in this capacity $= I$ furt	ie ph her d ar w
ignated in this applied	(City) egistered agent and to accept service of ttion, I hereby accept the appointment from of all statutes relative to the proj	of process for the above stated limited liability company at the nt as registered agent and agree to act in this capacity. I furt oper and complete performance of my duties, and I amfamili	ie ph her, c ar.w
ignated in this applied	(Cits) otanece: egistered agent and to accept service (of process for the above stated limited liability company at the nt as registered agent and agree to act in this capacity. I furt oper and complete performance of my duties, and I amfamili	ie ph her, c ar.w
signated in this applied	(Cay) ontance: egistered agent and to accept service of ation, I hereby accept the appointment from of all statutes relative to the pro- tes of my position as registered agent-	of process for the above stated limited liability company at the above stated limited liability company at the state of a state of	ie ph her, i ar.w
ignated in this applied comply with the provis d accept the obligation	(Cay) otance: egistered agent and to accept service of tion, I hereby accept the appointment tons of all statutes relative to the pro- tions of my position as registered agent- (Registered agent) (Registered agent)	of process for the above stated limited liability company at the above stated limited liability company at the state of a state of	ie pli her, i ar. w
ignated in this applied comply with the provis Laccept the obligation	(Cay) otance: egistered agent and to accept service of ition, 1 hereby accept the appointment itions of all statutes relative to the pro- its of my position as recisivered agent- (Registered agent- bacity and address of the person((s) when	of process for the above stated limited liability company at the above stated limited liability company at the state of a complete performance of my duties, and I amfamilied for the state of the state	ar.w
ignated in this applied comply with the provis d accept the obligation	(Cay) otance: egistered agent and to accept service of tion, I hereby accept the appointment tons of all statutes relative to the pro- tions of my position as registered agent- (Registered agent) (Registered agent)	of process for the above stated limited liability company at the above stated limited liability company at the state of a state of	ar.w
ignated in this applied comply with the provis d accept the obligation The name, title or cap <u>Title or Capacity:</u>	(Cay) otance: egistered agent and to accept service of ition, 1 hereby accept the appointment itions of all statutes relative to the pro- its of my position as recisivered agent- (Registered agent- bacity and address of the person((s) when	of process for the above stated limited liability company at the above stated limited liability company at the state of a complete performance of my duties, and I amfamilied for the state of the state	ar.w
ignated in this applied comply with the provised accept the obligation The name, title or cap	(Cay) otance: egistered agent and to accept service of ation, 1 hereby accept the appointment ions of all statutes relative to the pro- is of my position as registered agent- out of the person of the person of the person of the person of the pacity and address of the person (s) who <u>Name and Address:</u> <u>Mary Clements</u> 1413 Eastwick Lane	of process for the above stated limited liability company at the above stated limited liability company at the state of a complete performance of my duties, and I amfamilied for the state of the state	ar.w
signated in this applied comply with the provis d accept the obligation The name, title or cap <u>Title or Capacity:</u>	(Cay) otance: egistered agent and to accept service of ation, 1 hereby accept the appointment ions of all statutes relative to the pro- is of my position as represented agent- of the position of the person of the person (Registered agent- bacity and address of the person (s) who <u>Name and Address:</u> Mary Clements	of process for the above stated limited liability company at the above stated limited liability company at the state of a complete performance of my duties, and I amfamilied for the state of the state	ar.w
signated in this applied comply with the provis d accept the obligation The name, title or cap <u>Title or Capacity:</u>	(City) Degistered agent and to accept service of thion, I hereby accept the appointment tions of all statutes relative to the pro- tions of my position as revisiered agent- the operation of the person of the person of the person (Registered agent (Registered agent) (Registered	of process for the above stated limited liability company at the above stated limited liability company at the state of a complete performance of my duties, and I amfamilied for the state of the state	ar.w
signated in this applied comply with the provise ad accept the obligation . The name, title or cap <u>Title or Capacity:</u>	(Cay) otance: egistered agent and to accept service of ation, 1 hereby accept the appointment ions of all statutes relative to the pro- is of my position as registered agent- out of the person of the person of the person of the person of the pacity and address of the person (s) who <u>Name and Address:</u> <u>Mary Clements</u> 1413 Eastwick Lane	of process for the above stated limited liability company at the above stated limited liability company at the state of a complete performance of my duties, and I amfamilied for the state of the state	ar.w

(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.

	Signature of an authorized person	
Kevin	Clements Exped or printed name of signee	

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 Clements Properties LLC (file number 802382301), a Domestic Limited Liability Company (LLC), was filed in this office on February 01, 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 09, 2018.





Rolando B. Pablos Secretary of State