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SECRETARY OF STATE
TALLAHASSEE FLORIDA

O SIMMONS JUL 1 7 2018

COVER LETTER

TO:	Registration Section Division of Corporati	ions			
SUBJ	ECT: Konce	of System Name of	ns LLC		
	. /	Name of	f Limited Liability Company	<i>y</i>	
The er Existe	nclosed "Application by F nce, and check are submit	oreign Limited Liability Conted to register the above refe	npany for Authorization to I	ransact Business in Florida," Certificity company to transact business in Fl	ate of
		concerning this matter to the			•
	Eines	to Blanco	and Ryan Name of Person	M. Martin	
	Konc	ept system	S LLC		
	1580	2 Sylvan L	Address		
	Hous	ton, Tx 770 City/s	062		
	Ernestol	E-mail address: (to be used	tems. (om)	otification)	
For fur	For further information concerning this matter, please call:				
	Ernes to Name	Blanco of Contact Person	at (201) 5: Area Code Da	22-4754 ytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET Division Registrat Clifton E 2661 Exc	F ADDRESS; of Corporations ion Section	
Enclose	d is a check for the follow \$125.00 Filing Fee	ing amount: \$\Pi\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy	
RECENT	2018 JUL 1 L AM II:				

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Konce	of System	s LLC			
 7	Name of I	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	ee concerning this matter to the	following:			
Eine	sto Blanco .	and Ryan me of Person	M. Martin		
Kond	cept Systems	5 LLC mi/Company			
	2 Sylvan L				
Houston, Tx 77062 City/State and Zip Code					
	E-mail address: (to be used				
For further information concern	ning this matter, please call:				
-	Blan(O	at (201) 52 Area Code Day	time Telephone Number		
MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	SS: ons	STREET Division of Registrati Clifton Bo 2661 Exc	ADDRESS: of Corporations on Section		
Enclosed is a check for the foll \$125.00 Filing Fee		☐ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy		

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

IN COMPLIANCE WITH SEX	CTION 605.0902, FLORIDA STATUTES, TI USINESS IN THE STATE OF FLORIDA:	HE FOLLOWING IS	SUBMITTED TO REGIS	TER A FOREIGN LIMITED LIABILITY
12 12 10 1101 C1 D	CONTRACT IN THE STATE OF PLOKIDA.			
(Name of Foreign	O.1 Systems Limited Liability Company; must include "I	ム人 C Limited Liability Com	pany,""L.L.C.," or "LLC."	
(If name unavailable, enter alternate :	name adopted for the purpose of transacting business	in Florida. The alternate	name must include "Limited Lis	ability Company," "L.L.C." or "LLC.")
2. HOUST	hich foreign limited liability company is organized)	_ 3. <u>8</u>	2-510487 (FEI num	6
	29-18			ner, if applicable)
	(See sections 605 0904 & 605 0005 F.S. to 4			
5. 15802 Sy (Street Address of	Ivan Lake Dr Principal Office)	6	5802 Syl	van Lake Dr (TX) 62
Houston	7,TX		(Mailing Add	ress) —————
770	62	<u> </u>	770	262
			<i>/</i>	
7. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT accept	able)	
Name:	Finesto Blanc	·· -3		SEC
Office Address	10755 SW 24 41	Terrace	-	超其五
	tance: gistered agent and to accept service tion, I hereby accept the appointment	7 7 6 17 6 6 6.		1 蒙 二 历
	City)		, Florida <u> </u>	22 mg = 0
Registered agent's accep	tance:		(Zip con	8 17 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	gistered agent and to accept service tion, I hereby accept the appointmen	of process for the	above stated limited	liability company on the place
2 3			performance of my t	in inis capueity. I fürther agree luties, and I am familiar with
and accept the conganons	of my position as registered agent.			,
	(Registered agr		 	
0 The				
Title or Capacity:	city and address of the person(s) who Name and Address:	o has/have authori	ty to manage is/are:	
Member			Capacity:	Name and Address:
	Ryan M. Mar 15802 Gulvan L	also DV	mber	Evnesto Blanco
	Houston, TX 770	62		Homestead Fl 33031
				
(Use attachments if necess	ary)			
9. Attached is a certificate of	of existence, no more than 90 days of	ld, duly authentics	ted by the official has	ring matades of and the st
jurisdiction under the law o of the translator must be sul	* which it is distillized. (ii) the centri	cate is in a foreign	language, a translation	on of the certificate under oath
10. This document is execu	ted in accordance with section 605.03	203 (1) (b) Florid	a Statutes I am aume	that a.m. C.I ' C
submitted in a document to	the Department of State constitutes a	third degree felon	y as provided for in s.	817.155, F.S.
<u>-</u>	ERNEST		NON	-
		ture of an authorized person	on	
			···	
-	Type	d or printed name of signe	e	
	•	- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-		

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 Koncept Systems LLC (file number 802978482), a Domestic Limited Liability Company (LLC), was filed in this office on April 03, 2018.

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 July 03, 2018.



Phone: (512) 463-5555



Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services

Fax: (512) 463-5709