

M18000007136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

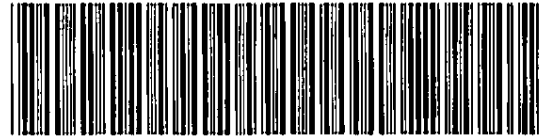
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

LT
8/3/18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Texas de Limache, 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:

Yvette Clifford
Name of Person

Texas de Limache, LLC
Firm/Company

775 F Road
Address

Loxahatchee, FL 33470
City/State and Zip Code

SC.2291@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvette Clifford at (903) 495-8305
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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 SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Texas de Limache, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "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 Liability Company," "L.L.C.," or "LLC.")

2. Texas 3. na
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. na
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 775 F Road 6. Same
(Street Address of Principal Office) (Mailing Address)
Loxahatchee, FL 33470

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Philip Clifford
Office Address: 775 F Road
Loxahatchee, Florida 33470
(City) (Zip code)

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Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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.

Philip Clifford
(Registered agent's signature)

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:
<u>President</u>	<u>Philip Clifford</u> <u>775 F Road</u> <u>Loxahatchee, FL 33470</u>	<u>member</u>	<u>Sharon Clifford</u> <u>775 F Road</u> <u>Loxahatchee, FL 33470</u>
<u>Vice-President</u>	<u>Yvette Clifford</u> <u>775 F Road</u> <u>Loxahatchee, FL 33470</u>		

(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.

Yvette Clifford
Signature of an authorized person
Yvette Clifford
Typed or printed name of signee



GLENN HEGAR TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

P.O. Box 13528 • Austin, TX 78711-3528

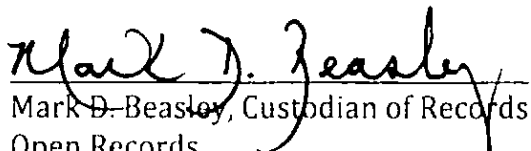
THE STATE OF TEXAS §

COUNTY OF TRAVIS §

I, Mark D. Beasley, of the Open Records Section of the Comptroller of Public Accounts of the State of Texas, DO HEREBY CERTIFY AND ATTEST, that I am custodian of franchise tax records and files, that according to the records of this office, Texas De Limache, LLC, taxpayer number 3-20525-9237-8 right to transact business in Texas is active as of July 23, 2018.

I FURTHER CERTIFY these records consist of official records, reports and entries therein, or documents authorized by law to be recorded or filed, and actually recorded or filed in a public office, including data compilations in any form as correct by the custodian or other person authorized to make the certification.

IN TESTIMONY WHEREBY, I have hereunto signed my name officially and caused to be impressed on this 23rd day of July 2018 A.D.


Mark D. Beasley, Custodian of Records
Open Records
Comptroller of Public Accounts

mdb

