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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Lynda - Paul +to Name	of Limited Liability Company				
	ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this matter to	he following:				
Lynda Sta	Name of Person				
	Firm/Company				
7 Snow Pond	P . Address				
The Voodlands Tx 77382 City/State and Zip Code					
LPHOLDINGS !	ssed for future annual report notification)				
For further information concerning this matter, please call:	13. SEP - 1				
Lynda Stanifer Name of Contact Person	at (225) 119 - 198 Signature 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: \$\Bigsim \$125.00\$ Filing Fee \$\int \$130.00\$ Filing Fee \$\delta\$ Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy				

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

	IN 605.0902, FLORIDA STATUTES, THE F NESS INTHE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGI	STER A FOREIGN TJMITED LIABILITY
1. (Name of Foreign Lin	- Paul Hold Inited Liability Company; must include "Limite	od Hability Company," "L.L.C.," or "LLC	.")
(If name unavailable, enter alternate name	adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited	Liability Company," "L.L.C." or "LLC.")
2. Je vo S (Jurisdiction under the law of which	foreign lumited liability company is organized)	3. 83-C	D6 14101
4.			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) inc penalty liability)	
5. 800 Ft Picker (Street Address of Princ)s Rd Unit 1502	6. Tonow P	and Plans
tensacola B	each H	Ine Woodle	ands Tx 7738
	32561		
7. Name and street address of	of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	unda D. Stanifek	2	57. eg
Office Address:	300 Ft Ackens Ro	d, Unit 1502	∞ ∞
Fe	nsacola Beach	, Florida <u>35</u> 5	<u> 561</u>
designated in this application to comply with the provision	tered agent and to accept service of in, I hereby accept the appointment a s of all statutes relative to the proper my position as registered agent. (Registered agent's	is registered agent and agree to a	ct in this capacity. I further agree
8. The name, title or capacit Title or Capacity;	y and address of the person(s) who have and Address:	as/have authority to manage is/are Title or Capacity:	: Name and Address:
Member	Lynda Stanifer 1500 Pond PI The Woodlands T	A 2	Name and Addition
wempar	Paul Stonifer 1 Snow Fond PI The woodlands TX		
(Use attachments if necessar	λ) 112.63		
	existence, no more than 90 days old, which it is organized. (If the certificat nitted)		
submitted in a document to th	d in accordance with section 605.020 to Department of State constitutes a the State constitutes at the Signature	ird degree felony as provided for i	
	1,000 B St	an fer	

Typed or printed name of signee

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



CERTIFICATE OF FILING OF

Lynda-Paul Holdings LLC File Number: 803020060

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 05/17/2018

Effective: 05/17/2018





Rolando B. Pablos Secretary of State

: (512) 463-5709 TID: 10306

Dial: 7-1-1 for Relay Services Document: 814012350002