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TO:

TO:	Registration Section Division of Corporation	ıs					
SUBJE	GLG HOLDING, L						
., ., ., .,			Limited Liability (	Company		_	
		eign Limited Liability Com d to register the above refer					
Please i	return all correspondence c	oncerning this matter to the	following:				
	DARRYL V. P	RATT				दर्भ	
		N	ame of Person	•			
	PRATT LAW (	GROUP, PLLC				ن م. <u>ند</u>	•
	Firm/Company						;
	2591 DALLAS	PARKWAY, STE. 505				***	•
			Address			_ o	
	FRISCO, TEXA	AS 75034					
	<del></del>	City/S	tate and Zip Code			_	
	dpratt@prattlawg	roup.com					
	<del></del>	E-mail address: (to be use	d for future annual	report noti	fication)	_	
For furt	her information concerning	g this matter, please call:					
	DARRYL V. PRATT		972 at (	712-151 (		_	
	Name o	f Contact Person	Area Code	Dayt	ime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301		
Enclose	d is a check for the follow  ☐ \$125.00 Filing Fee	ing amount:  S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, O of Status & Certified Co		

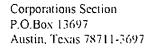
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

It name unavadable, enter alterna	te name adopted for the purpose of transacting business in Florid.	a. The alternate name must include "Limited Liability	Company," "L.L.C," or "LLC.")
TEXAS	, , , ,	3, 83-0890048	
	f which foreign limited liability company is organized)	(FEI number, i	f applicable)
4. MAY 14, 2018			
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	ostration.) penalty liability)	_
5. GARY L. GILBER		6. VANGIE GILBERT	
(Street Address 7013 CRYSTAL FA	of Principal Office)	(Mailing Address) 7013 CRYSTAL FALLS DRI	_
PLANO, TX 75024		PLANO, TX 75024	
			. ز
7. Name and street add	ress of Florida registered agent: (P.O. Box 2	NOT acceptable)	) :"
Name:	REGISTERED AGENTS, INC.		- }
	2020 N. BOYLEY BOINT DD. CHUTT 15	· · · · · · · · · · · · · · · · · · ·	
Office Address	3030 N ROCKY POINT DR., SUITE 15	<del></del>	Ċ
	TAMPA	33607	*
designated in this appli to comply with the prov	(City)	registered agent and agree to act in	this capacity. I further agre
Having been named as designated in this appli to comply with the prov	eptance: registered agent and to accept service of procation, I hereby accept the appointment as risions of all statutes relative to the proper atoms of my position as registered agent.	(Zip code) ocess for the above stated limited lia registered agent and agree to act in nd complete performance of my dut	this capacity. I further agre
Having been named as designated in this appli to comply with the prov	(City) eptance: registered agent and to accept service of procation, I hereby accept the appointment as it isions of all statutes relative to the proper at	(Zip code) ocess for the above stated limited lia registered agent and agree to act in nd complete performance of my dut	this capacity. I further agre
Having been named as designated in this applicate occupily with the provand accept the obligation.  8. The name, title or continuous and accept the continuous and accept the obligation.	eptance: registered agent and to accept service of procation. I hereby accept the appointment as reisions of all statutes relative to the proper atoms of my position as registered agent.  (Registered agent's signapacity and address of the person(s) who has/	(Zip code) occess for the above stated limited lia registered agent and agree to act in nd complete performance of my dut  nature) have authority to manage is/are:	this capacity. I further agre ies, and I am familiar with
Having been named as designated in this applite comply with the provand accept the obligation.  8. The name, title or contile or Capacity:	eptance: registered agent and to accept service of procation, I hereby accept the appointment as resistants of all statutes relative to the proper atoms of my position as registered agent.  (Registered agent's significant and address of the person(s) who has/ Name and Address:	(Zip code) ocess for the above stated limited lia registered agent and agree to act in nd complete performance of my dut  mature) have authority to manage is/are: Title or Capacity:	this capacity. I further agre ies, and I am familiar with  Name and Address:
Having been named as designated in this applicate occupily with the provand accept the obligation.  8. The name, title or continuous and accept the continuous and accept the obligation.	eptance: registered agent and to accept service of procation. I hereby accept the appointment as reisions of all statutes relative to the proper atoms of my position as registered agent.  (Registered agent's sign apacity and address of the person(s) who has/ Name and Address: GARY L. GILBERT	(Zip code) ocess for the above stated limited lia registered agent and agree to act in nd complete performance of my dut  nature) have authority to manage is/are: Title or Capacity: Managing Member	this capacity. I further agreies, and I am familiar with  Name and Address:  VANGIE GILBERT
Having been named as designated in this applite comply with the provand accept the obligation.  8. The name, title or contile or Capacity:	eptance: registered agent and to accept service of procation, I hereby accept the appointment as resistants of all statutes relative to the proper atoms of my position as registered agent.  (Registered agent's significant and address of the person(s) who has/ Name and Address:	(Zip code) ocess for the above stated limited lia registered agent and agree to act in nd complete performance of my dut  nature) have authority to manage is/are:  Title or Capacity: Managing Member	this capacity. I further agre ies, and I am familiar with  Name and Address:
Having been named as designated in this applite comply with the provand accept the obligation.  8. The name, title or contile or Capacity:	eptance: registered agent and to accept service of precation, I hereby accept the appointment as reisions of all statutes relative to the proper at ons of my position as registered agent.  (Registered agent's significant and address of the person(s) who has/ Name and Address: GARY L. GILBERT 7013 CRYSTAL FALLS DRI	(Zip code) ocess for the above stated limited lia registered agent and agree to act in nd complete performance of my dut  nature) have authority to manage is/are:  Title or Capacity: Managing Member	this capacity. I further agreties, and I am familiar with  Name and Address:  VANGIE GILBERT  7013 CRYSTAL FALLS DE
Having been named as designated in this applite comply with the provand accept the obligation.  8. The name, title or contile or Capacity:	eptance: registered agent and to accept service of precation, I hereby accept the appointment as reisions of all statutes relative to the proper at ons of my position as registered agent.  (Registered agent's significant and address of the person(s) who has/ Name and Address: GARY L. GILBERT 7013 CRYSTAL FALLS DRI	(Zip code) ocess for the above stated limited lia registered agent and agree to act in nd complete performance of my dut  nature) have authority to manage is/are:  Title or Capacity: Managing Member	this capacity. I further agreties, and I am familiar with  Name and Address:  VANGIE GILBERT  7013 CRYSTAL FALLS DE
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Having been named as designated in this applite comply with the provand accept the obligation.  8. The name, title or contile or Capacity:	eptance: registered agent and to accept service of precation, I hereby accept the appointment as reisions of all statutes relative to the proper atoms of my position as registered agent.  (Registered agent's significantly and address of the person(s) who has/ Name and Address: GARY L. GILBERT 7013 CRYSTAL FALLS DRI' PLANO, TX 75024	(Zip code) ocess for the above stated limited lia registered agent and agree to act in nd complete performance of my dut  nature) have authority to manage is/are:  Title or Capacity: Managing Member	this capacity. I further agreties, and I am familiar with  Name and Address:  VANGIE GILBERT  7013 CRYSTAL FALLS DE
Having been named as designated in this applicated in this applicated comply with the provand accept the obligation.  8. The name, title or example or Capacity:  Managing Member (Use attachments if need). Attached is a certification.	eptance: registered agent and to accept service of precation, I hereby accept the appointment as reisions of all statutes relative to the proper atoms of my position as registered agent.  (Registered agent's sign apacity and address of the person(s) who has/ Name and Address: GARY L. GILBERT 7013 CRYSTAL FALLS DRI' PLANO, TX 75024  essary) are of existence, no more than 90 days old, due of which it is organized. (If the certificate in	(Zap code) occess for the above stated limited lia registered agent and agree to act in nd complete performance of my dut nature) have authority to manage is/are: Title or Capacity: Managing Member	this capacity. I further agreties, and I am familiar with  Name and Address:  VANGIE GILBERT  7013 CRYSTAL FALLS DEPLANO, TX 75024

Typed or printed name of signee

GARY L. GILBERT





## 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 GLG Holdings, LLC (file number 803016225), a Domestic Limited Liability Company (LLC), was filed in this office on May 14, 2018.

It is further	certified that	the	entity	status ir	i Texas	is	in	existence.

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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 September 06, 2018.





Rolando B. Pablos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/
Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
Prepared by: SOS-WEB TID: 10264 Document: 835169810003