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COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	BESO DEL SOL HOLDI	NGS, LLC				
5000		Name of L	imited Liability Co	ımpany		
The en	closed "Application by Foreign I nee, and check are submitted to re	imited Liability Compa gister the above referer	iny for Authorizati need foreign limite	on to Tra d liability	insact Business in Florida," Company to transact busine	Jertificate of ss in Florida.
Please	return all correspondence concer	ning this matter to the f	ollowing:			
	DAVID CONKLIN					
		Nai	me of Person			
	BESO DEL SOL HO	LDINGS, LLC				
		Fin	m/Company			
	4711 W LOOP 289					
			Address			
	LUBBOCK TX 7941	4				
		City/Sta	ite and Zip Code			
	DAVID@LITTLEGU	YS.COM				
	E-m	ail address: (to be used	for future annual r	eport not	ification)	
For fur	ther information concerning this	matter, please call:				
	DAVID CONKLIN		806 at (549-55		
	Name of Con	tact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clitton B 2661 Exc	of Corporations ion Section wilding centive Center Circle see, F1, 32301	
Enclos		mount: 130.00 Filing Fee & tificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee. Cer of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	name adopted for the purpose of transacting business	in Florida. The alte	rnate name must include "Limited Liah	ility Company," "L.L.C," or "LLC"
TEXAS USA		3.	20-5806610	
(Jurisdiction under the law of w	hich foreign furnied liability company is organized)	•	ct Et numb	er, if applicable)
02/01/2019				
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605 0905, F.S. to do	or to registration) etermine penalty ha	ibility)	
4711 W LOOP 289		6.	SAME	
(Street Address of	-	··· _	(Mailing Addr	(34)
LUBBOCK TX 79414	·	_		
		-		
				89 D
Name and street addres	ss of Florida registered agent: (P.O.)	Box <u>NOT</u> ac	eceptable)	EC
Name:	INCORP SERVICES, INC.			<u>+</u>
Office Address:	17888 67TH COURT NORTH			Tr.
Office Address:			22.170	₹
	LOXAHATCHEE (Cir.)		Florida <u>33470</u> (Zip code	<u> </u>
gistered agent's accer			(z.ip code	ဒ္
	s of my position as registered agent.		plete performance of my o	
	s of my position as registered agent.		plete performance of my (iunes, umi i am jaminai
ad accept the obligation	s of my position as registered agent. (Registered ag	ent's signature)	<u>. </u>	
ad accept the obligation	s of my position as registered agent.	ent's signature) to has/have at	<u>. </u>	Name and Address:
nd accept the obligation The name, title or cap Title or Capacity:	(Registered agent. (Registered agent) acity and address of the person(s) wh Name and Address:	ent's signature) to has/have at	uthority to manage is/are;	
nd accept the obligation The name, title or cap	(Registered agent.	ent's signature) to has/have at	uthority to manage is/are;	
nd accept the obligation The name, title or cap Title or Capacity:	(Registered agent. (Registered agent. acity and address of the person(s) wh Name and Address: DAVID CONKLIN	ent's signature) to has/have at	uthority to manage is/are;	
The name, title or cap Title or Capacity: PRES	(Registered agent. (Registered agent. (Registered agent. acity and address of the person(s) wh Name and Address: DAVID CONKLIN 5320 CR 7540 LUBB TN 79424	ent's signature) to has/have at	uthority to manage is/are;	
nd accept the obligation The name, title or cap Title or Capacity:	acity and address of the person(s) who Name and Address: DAVID CONKLIN 5320 CR 7540 LUBB TX 79424 KATHY CONKLIN	ent's signature) to has/have at	uthority to manage is/are;	
nd accept the obligation 3. The name, title or cap Title or Capacity:	(Registered agent. (Registered agent. acity and address of the person(s) wh Name and Address: DAVID CONKLIN 5320 CR 7540	ent's signature) to has/have at	uthority to manage is/are;	
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The name, title or cap Title or Capacity: PRES VP	(Registered agent. (Supplied to the person(s) who have and Address: DAVID CONKLIN 5320 CR 7540 LUBB TX 79424 (SSARY)	no has/have at Tit	athority to manage is/are; le or Capacity:	Name and Address:
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The name, title or cap Title or Capacity: PRES VP Use attachments if necessarisdiction under the law	(Registered agent. (Supplied agent. (ATHY CONKLIN 5320 CR 7540 LUBB TX 79424 (SSATHY CONKLIN 5320 CR 7540 LUBB TX 79424 (SSATY) (Soff existence, no more than 90 days of which it is organized. (If the certi	o has/have a Tit	athority to manage is/are: le or Capacity:	Name and Address:
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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 TRANSPICT BUSINESS IN THE STATE OF FLORIDA:

	HOLDINGS, LLC oreign Limited Liability Company, must inc	lude "Limited Llability	Company," "I.I.C.," or "I.I.C.")	
(If namo uzavalimbio, enter alm	arrate name adopted for the purpose of transacting t	ousiness in Florido. The al	ternate name must include "Unsited Ltal	nility Company," "L.L.C," or "LI,C.")
2. TEXAS USA		2	20-5806610	
	w of which forcign limited liability company is orga	mized)		er, if applicable)
4. 02/01/2019				
4.	(Date Birst transacted business in Flor (See sections 605,0904 & 605,0903,	ids, if palor to registration	(iability)	
5. 4711 W LOOP 28			SAME	
(Street Addr	ost of Principal Offico)	б.	(Minding Addr	(cst)
LUBBOCK TX 7	9414			
				•
7. Name and street a	ddress of Florida registered agent:	(P.O. Box <u>NOT</u> e	eceptable)	18 DE
Name:	INCORP SERVICES, INC.			3.
	17888 67TH COURT NORT	" !		<u>.</u>
Office Aldr	uss: Trada drift Cookt (tokt			2
	LOXAHATCHEE		, Florida 33470	
Registered agent/s a	(Cı	(y)	(Zip code	<u>,, </u>
	Those Hosto	Nicole Acs	ota on behalf of InCo	rp Services, Inc.
. ,				
8. The name, title or Title or Capacit	capacity and address of the person Y: Name and Address	• •	authority to manage is/are:	Name and Address:
Title or Capacit	Y: Name and Address	• •		Name and Address:
	• •	• •		Name and Address:
Title or Capacit	Y: Name and Address DAVID CONKLIN	• •		Name and Address:
Title or Capacit	y: Name and Address DAVID CONKLIN 5320 CR 7540	II II		Name and Address:
Title or Capacit PRES	DAVID CONKLIN 5320 CR 7540 LUBB TX 79424 KATHY CONKLIN 5320 CR 7540 LUBB TX 79424	II II		Name and Address:
PRES VP (Use attachments If n	Name and Address DAVID CONKLIN 5320 CR 7540 LUBB TX 79424 KATHY CONKLIN 5320 CR 7540 LUBB TX 79424	<u>Ti</u>	tle or Canacity:	
Title or Capacit PRES VP (Use attachments If a certification under the	DAVID CONKLIN 5320 CR 7540 LUBB TX 79424 KATHY CONKLIN 5320 CR 7540 LUBB TX 79424 ccessary) icute of existence, no more than 90 law of which it is organized. (If the	days old, duly aut	tle or Canacity:	ving custody of records in
Title or Capacit PRES VP (Use attachments If a 9. Attached is a certification under the of the translator must 10. This document is	DAVID CONKLIN 5320 CR 7540 LUBB TX 79424 KATHY CONKLIN 5320 CR 7540 LUBB TX 79424 ccessary) icute of existence, no more than 90 law of which it is organized. (If the	days old, duly aut certificate is in a	henticated by the official har foreign language, a translati	ving custody of records in on of the certificate under that any false information
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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



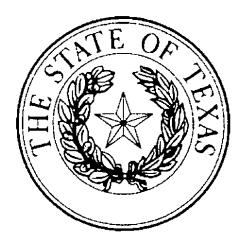
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Beso Del Sol Holdings, LLC (file number 800726088), a Domestic Limited Liability Company (LLC), was filed in this office on October 26, 2006.

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 October 16, 2018.



Phone: (512) 463-5555

Prepared by: SOS-WEB



Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services

Document: 843179300003