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## COVER LETTER

ζ.	istration Section ision of Corporations	· •					
SUBJECT:	PDPC of Texas, LLC						
30101.01.	· · · · · · · · · · · · · · · · · · ·	Name of	Limited Liability (	Company		_	
		ign Limited Liability Comp to register the above refer					
Please return	all correspondence co	oncerning this matter to the	following:				
		Eliz	abeth Carlsor	1			
		N	ame of Person			-	
			1 & McCall, Pl irm/Company	LC		-	
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		4144 N. C	entral Expy, S	Ste. 910		-	
			Address				
		Da	llas, TX 7520	4			
		<del></del>	tate and Zip Code	<u>*</u>		_	
		- · · · · ·	No				
		E-mail address: (to be use	<u>youopigalias.c</u> d for future annual	report notification)	<u> </u>	2018	
For further in	nformation concerning	this matter, please call:			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DEC	CHILLIAN FIRST OF
Eli	zabeth Carlson		at ( 972	) 584-19	). <u>]</u> 02 :::::	ည်	Drisa
		Contact Person	_ at ( <u>972</u> Area Code		ephone Number	- <del>- 0</del>	
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			STREET ADDRI Division of Corpo Registration Section Clifton Building 2661 Executive Co Tallahassee, FL 32	rations Stri	1:25	,
	check for the following 125.00 Filing Fee	ng amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filin Certified Copy		0.00 Filing Fee, Cous & Certified Co		cate

# 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:

	(Name of Foreign	Limited Liability Company; must include "Limit	,,,	1
If nar	ne unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited	Liability Company," "L.I. C," or "LLC.")
2. Te	xas		3. n/a	
		hich foreign limited liability company is organized)		number, it applicable)
4. n	da			
· -		(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o registration )	
5. 1	3725 Omega Road		6. 13725 Omega Road	
J. <u>.</u>	(Street Address of I	rincipal Office)	(Mailing	Address)
F	armers Branch, TX 75244		Farmers Branch, TX 75244	
_				<u> </u>
				8 7
7. N	lame and street_addres	ss of Florida registered agent: (P.O. Bo.	x <u>NOT</u> acceptable)	CONTRACT.
	<b>M</b>	CT Corporation System		(g) <b>b l</b>
	Name:			الآل و الله
	Office Address:	1200 South Pine Island Road		
		Plantation	, Florida <u>33324</u>	No.
		(Cuv)	, Florida (Zin	and the Garage
Hav desig to co	gnated in this applica omply with the provisi	•	as registered agent and agree to o	act in this capacity. I further agi
Hav desig to co	ing been named as re gnated in this applica omply with the provisi accept the obligation	tance: gistered agent and to accept service of tion, I hereby accept the appointment o ions of all statutes relative to the prope s of my position as registered agent.  Research ACT Corporation System	as registered agent and agree to a r and complete performance of n	act in this capacity. I further agr ny duties, and I am familiar with
Hav desig to co	ing been named as re gnated in this applica omply with the provisi accept the obligation	tance: gistered agent and to accept service of tion, I hereby accept the appointment ( ions of all statutes relative to the prope	as registered agent and agree to a r and complete performance of n	act in this capacity. I further agr ny duties, and I am familiar with
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Hav designo co and 8. (Us	ing been named as regnated in this applica omply with the provise accept the obligation. The name, title or capa Title or Capacity:  Manager	tance: gistered agent and to accept service of tion, I hereby accept the appointment of tons of all statutes relative to the prope to of my position as registered agent.  By Action Graphing System  (Registered agent)  Action Graphing  Registered agent)  acity and address of the person(s) who have and Address:  Enc Shaw  13725 Omega Road  Farmers Branch, IX 75244.  sary)  of existence, no more than 90 days old, of which it is organized. (If the certification)	As registered agent and agree to a r and complete performance of n  Nathan Giffin, Assistant Secressignature)  Masshave authority to manage is/arc  Title or Capacity:  Manager  Manager	etary  Name and Address:  Paul Adams 13725 Omega Road Farmers Branch, TX 75244  I having custody of records in the

Typed or printed name of signee

Eric Shaw, Manager of PDPC of Texas, LLC

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 PDPC, LLC (file number 803140501), a Domestic Limited Liability Company (LLC), was filed in this office on October 12, 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 October 16, 2018.



R

Rolando B. Pablos Secretary of State