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SECREGARY OF SIGHE OF CORPORATION



COVER LETTER

TO:

Registration Section

SUBJECT:	SFL CHIRO 1, LLC		Limited Liability Co	ominany		
			-	, .		
The enclosed Existence, a	d "Application by Fore nd check are submitted	rign Limited Liability Comp I to register the above refero	oany for Authorizat enced foreign limite	ion to Transact Business in Florida," (ed liability company to transact busine	ess in Florida.	
Please return	n all correspondence co	oncerning this matter to the	following:			
	Jennifer Salinas					
		N	ame of Person			
	The Law Office	s of David T. Denney, PC				
		Fi	rm/Company			
	8350 N Central Expressway, Suite 1050					
			Address			
	Dallas, Texas 7:	5206				
		City/S	tate and Zip Code			
	jennifer@foodbe	vlaw.com				
		E-mail address: (to be used	d for future annual	report notification)		
For further i	nformation concerning	g this matter, please call:				
Da	wid Denney		214 at (739-2900 x102		
	Name o	Contact Person	Area Code	Daytime Telephone Number		
Div Re P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Hahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the follows \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy	g Fee & S160.00 Filing Fee. Ce of Status & Certified Cop		

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 HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	••••••••••••••••••••••••••••••••••••••	ted Liability Company," "L.L.C.," or "LLC	•
ame unavailable, enter alternate n	anie adopted for the purpose of transacting business in Fl	lorida. The alternate name must include "Limited	Liability Company," "L L C," or "LL
l'exas		3. 83-2565463	
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	(FEI m	amber, if applicable)
January 1, 2010			
January 1, 2019	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to detern	o registration)	
	(See sections 605,0904 & 605,0905, F.S. to detern		
8587 NW 186th Street		6. 26875 US Hwy 380	-
(Street Address of	rincipal Office)	(Mailing A	Address)
Miami, Florida 33015		Suite 108	
		Aubrey, Texas 76227	
Name and street addes-	ss of Florida registered agent: (P.O. Bo	v NOT accentable)	
vame and street addres	s of Florida registered agent: (P.O. BO	x 1101 acceptable)	DEC
Name:	CT Corporation System		Ċ
• • • • • • • • • • • • • • • • • • • •			
Office Address:	1200 South Pine Island Road		
Office Address.			
Office Address.	Plantation	ri : 1 33324	3
Office Address.	Plantation	, Florida 33324	code)
gistered agent's accep	(Cay)	Florida 33324 (Zp.	code)
gistered agent's accep wing been named as re signated in this applica comply with the provisi	(City)	f process for the above stated limit as registered agent and agree to a er and complete performance of m	ted liability company at to
gistered agent's accep wing been named as re signated in this applica comply with the provisi	(City) tance: rgistered agent and to accept service of tion, I hereby accept the appointment i ions of all statutes relative to the prope	f process for the above stated limit as registered agent and agree to a er and complete performance of m Stephence Honey Step	ted liability company at to tet in this capacity. I furth ny duties, and I am familia
gistered agent's accep wing been named as re signated in this applica comply with the provisi d accept the obligation	tance: rgistered agent and to accept service of tion, I hereby accept the appointment tions of all statutes relative to the propers of my position as registered agent. (Registered agent)	process for the above stated limit as registered agent and agree to a er and complete performance of m Stephene Honay Step 1 signsture)	ted liability company at the second section of this capacity. I further that the second section is duties, and I am familiate than ie Hencz Assistate.
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gistered agent's acception been named as resignated in this application with the provised accept the obligation. The name, title or capatitle or Capacity: Manager Manager of Chiro-X	(City) Itance: Ingistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the property of my position as registered agent. (Registered agent) (Registered agent)	f process for the above stated limits as registered agent and agree to a cr and complete performance of manage. Step 1 signature) nas/have authority to manage is/are Title or Capacity: Manager of Chiro-X	ted liability company at the second of the s
gistered agent's acception been named as resignated in this application with the provised accept the obligation. The name, title or capatitle or Capacity: Manager	tance: registered agent and to accept service of tion. I hereby accept the appointment of tions of all statutes relative to the propers of my position as registered agent. (Registered agent) acity and address of the person(s) who have and Address: Chiro-X Holdings, LLC 26875 US Hwy 380, Suite 108 Aubrey, Texas 76227	f process for the above stated limit as registered agent and agree to a re and complete performance of manage. Step 1 signature) nas/have authority to manage is/are Title or Capacity:	ted liability company at the second of the s
gistered agent's acception been named as resignated in this application with the provised accept the obligation. The name, title or capatitle or Capacity: Manager Manager of Chiro-X	(City) Itance: Ingistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the property of my position as registered agent. (Registered agent) (Registered agent)	f process for the above stated limits as registered agent and agree to a cr and complete performance of manage. Step 1 signature) nas/have authority to manage is/are Title or Capacity: Manager of Chiro-X	ted liability company at the control of the company at the control of the control

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.

David Denney, Attorney of Fact

The Law Offices of David T. Denney, P.C.

Laffirm that as a matter of fact. Lam authorized and possess the

I affirm that, as a matter of fact, I am authorized and possess the authority to execute this record on behalf of SFL Chiro 1, 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 SFL Chiro 1, LLC (file number 803164912), a Domestic Limited Liability Company (LLC), was filed in this office on November 13, 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 December 06, 2018.



Phone: (512) 463-5555

Prepared by: SOS-WEB



Rolando B. Pablos Secretary of State