M18000011399

(Re	questor's Name)	
	_	
(Ad	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
		_
(Bı	siness Entity Nar	ne)
	- · · · · · - · · · · · - · · · · · · ·	
(Do	ocument Number)	
Continue Courter	Cardification	C+
Certified Copies	_ Cenincates	s of Status
	· -	<u> </u>
Special Instructions to	Filing Officer:	
		'

Office Use Only



600320388086

11/07/18--01012--023 **160.00

THE LET DECEMBER 18 OF STATE AND SECRETARY OF STATE AND STATE AND STATE AND SECRETARY OF ST

BI_ VORISEK
DEC 1.8 Zul8

COVER LETTER

	on of Corporations
SUBJECT:	Seibert Enterprises LLC
	Name of Limited Liability Company
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the best are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all	correspondence concerning this matter to the following:
	Steve Seibert
	Name of Person
	Seibert Enterprises LLC Firm/Company
	Firm/Company
	15411 Vantage Parkway West Suite 205
	Houston, Tx 77032 City/State and Zip Code
	Tessica of fr Services . com E-mail address: (to be used for future annual report notification)
For further infor	rmation concerning this matter, please call:
	Jessica Eslinger at 281 850 - 9555 Name of Contact Person Area Code Daytime Telephone Number
Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ation Section ox 6327 assee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	cck for the following amount: 5.00 Filing Fee \$\B\\$\$155.00 Filing Fee & \$\B\\$\$160.00 Filing Fee, Certificate Copy Certificate of Status



November 28, 2018

STEVE SEIBERT SEIBERT ENTERPRISES LLC 15411 VANTAGE PARKWAY WEST, SUITE 205 HOUSTON, TX 77032

SUBJECT: SEIBERT ENTERPRISES LLC

Ref. Number: W18000103144

We have received your document for SEIBERT ENTERPRISES LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Letter Number: 418A00024322

Brenda L Vorisek Director

www.sunbiz.org

Division of Company times D.O. DOV 6207 Tollahanna Florida 2221



• 15411 VANTAGE PKWY W #205, HOUSTON, TX 77032

P: 281 852 9555 F: 231 852 9952 SROOFING@FSRSERVICES.COM

December 6, 2018

To Whom It May Concern,

This letter attached is regarding Letter # 418A00024322.

ATTN: Brenda Vorisek

Please let us know if you require any other information.

Thank you,

Jessica Eslinger FSR Services

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

COMPANY TO TRANSACT BUSINESSS	_	_	ER A FOREIGN LIMITED LIABILITY
	t Enterprises, LL Liability Company; must include "Limited Li		
2 Texas	ed for the purpose of transacting business in Florida.	The alternate name must include "Limited Lin 27 - 191	bility Company," "L.L.C," or "LLC.")
(Jurisdiction under the law of which foreign		Elada	ner, if applicable)
4. We have r (Date (See	te first transacted business in Florida, if prior to regis sections 605,0904 & 605,0905, F.S. to determine p	111	
5. 15411 Vantage Pa	trkway W.	6. P.O. BO	X 1384 = = =
Suite 205	7003)	tumble,	TX 7/3411 3 E
<u> </u>	(17038		1: 2 1: 0E
7. Name and street address of Flo	orida registered agent: (P.O. Box N	OT_acceptable)	Dm O
Name:			please)
Office Address:			1 celetche
Registered agent's acceptance:	(City)	, Florida(Zip cod	<u></u>
designated in this application, I i	d agent and to accept service of pro- hereby accept the appointment as re- all statutes relative to the proper an position as registered agent.	egistered agent and agree to act	in this capacity. I further agree
	(Registered agent's signa	sture)	
Title or Capacity:	d address of the person(s) who has/h Name and Address:	ave authority to manage is/are: Title or Capacity:	Name and Address:
Steve Seibert	18426 Transmility Dr. Humble, Tx 97346	kella Seibert	18426 Tranquility Di
President		Vice prosident	
(Use attachments if necessary)			
	tence, no more than 90 days old, dul h it is organized. (If the certificate is d)		
	accordance with section 605.0203 (1 epartment of State constitutes a third		
	Stephen Serbert	ated name of signee	

ASSOCIATION AVERTICALE	MITED CLABILITY COMPARY IN PLORID	GLESCANIEROBANALIONALIO	TRANSACT SPRINGS
Central of the inferior array			THE RESERVE AND ADDRESS OF THE PERSON OF THE
	GATERPASES LLCC		
	the percent of transacting becomes in Plants. The		
TOOS		275 1910	58
The home no	HECKINGE LOWSINGS SEI	az Fibridos III.	
SISTIE Vantage shari	transacted business in Fierde, if prior to replicate our 605,0004 & 605,0005 F.S. to determine penal Cucin C	ʹ϶ʹ϶ͱϼͱϧϭϐͼϫ;	13842
ELSUITESOS-4		+tumble -to	99849
Name and street address of Florid	a registered agent; (P.O. Box: NO	2 7 2 2 1	
The company of the co	313:118:Hw-):27	to a see a second to the second to the second to be a few at a few at the second to th	
	ZSHURGELIE	7	
Registered agent's acceptance: Having bean named as registered a designated in this application, The	gent and to accept service of proce	iss for the above stated limited lia	bility company at the place of the this capacity. I further agree
designates:In Ints application, I had	cop necept		and I am fomiliar with the
in an invalidable his provisions of all	Statutes relative to the proper and	complete performance of my du	ies, and I am familiar with
(O comply with the provisions of all and accept the obligations of my pl	statutes relative to the proper disconsistion as registered agent. (Refigured agent)		ies, and I am familiar with
ocomply with the provisions of all and accept the obligations of my pure the obligations of my pure the obligations of the pure the obligations of the pure the obligations of the oblig	statutes relative to the proper and sisting as registered agent. (Resistance agent stress address of the person(s) who has/has Name and Address:	ve authority to manage is/are: Title or Capacity:	Name and Address:
ocomply with the provisions of all and accept the obligations of my pure the obligations of my pure the obligations of the pure the obligations of the pure the obligations of the oblig	statutes relative to the proper and statutes as registered agent. (Registered agent) (Registered agent) (Registered agent)	ve authority to manage is/are: Title or Capacity:	Name and Address:
B. The name, title or capacity and Title or Capacity:	statutes relative to the proper and sisting as registered agent. (Resistance agent stress address of the person(s) who has/has Name and Address:	ve authority to manage is/are: Title or Capacity:	Name and Address:
io comply with the provisions of all and accept, the obligations of my pure the obligations of my pure the obligations of the pure the obligations of the pure the obligations of the ob	Residence of the person(s) who has/ha Name and Address: [KYAO Tranyou Lity Dr. Humble Tx 1932	ve authority to manage is/arc. Title or Capacity: Lelia Seibert	Name and Address:
8. The name title of capacity and Title or Capacity: Seve Sever Title atlactments if necessary)	Registered agent. (Registered agent. (Regist	ve authority to manage is/arc. Title or Capacity: Lella: Seibert Vice presidents	Name and Address: 1.84-24 Troughtity Dys Truckole Trufficus
8. The pame, title or capacity and Title or Capacity: Dres dental recessory Use attachments if necessary)	Regardalization of the proper distribution as registered agent. (Regardalization of the person(s) who has/handaress of the person(s) who has/handaress: [KYALO Tranycusting Dr. Humable Kyalo Tranycusting Dr. Humable H	ve authority to manage is/are: Title or Capacity: Lelia Seibert outhenticated by the official have authoriticated by the official have a formage a translate.	Name and Address 1.84-20. Tronventing Discretified in the continuous artists and a second in the continuous artists and a second in the continuous artists and a second in the continuous artists.
B. The name, title or capacity and Title or Capacity: Seve Severt Use attachments if necessary) Anached is a certificate of existe urisdiction under the law of which if the translator must be submitted	istalities relative to the proper disconsistion as registered agent. (Registered agen	ve authority to manage is/arc. Title or Capacity: Lella Seibert youthenticated by the officialinay in a foreign language fairmanilatic	Name and Address 1.84-20.5 Urou varility Dra TRUNNOR TRUTHS TRUIN ARE TRUIN
8. The name title of capacity and Title or Capacity: Steve Server Title attachments it necessary)	Residence in the proper distribution as registered agent. (Residence is part of the person of the p	ve authority to manage is/arc Title or Capacity: Lelia: Seibert y authority to manage is/arc Title or Capacity: y authority to manage is/arc y authori	Name and Address 1.84-20.5 Urou varility Dra TRUNNOR TRUTHS TRUIN ARE TRUIN
B. The name, title or capacity and Title or Capacity: Seve Severt Use attachments if necessary) Anached is a certificate of existe urisdiction under the law of which if the translator must be submitted	Residence in the proper distribution as registered agent. (Residence is part of the person of the p	ve authority to manage is/arc. Title or Capacity: Lella Seibert youthenticated by the officialinay in a foreign language fairmanilatic	Name and Address 1.84-20.5 Urou varility Dra TRUNNOR TRUTHS TRUIN ARE TRUIN
B: The name, title or capacity and Title or Capacity: Seve Sever! Class of the continue of the capacity and the capacity: Attached is a certificate of existe urisdiction under the law of which if the translator must be submitted	Residence in the proper distribution as registered agent. (Residence is part of the person of the p	ve authority to manage is/arc Title or Capacity: Lelia: Seibert y authority to manage is/arc Title or Capacity: y authority to manage is/arc y authori	Name and Address 1.84-20.5 Urou varility Dra TRUNNOR TRUTHS TRUIN ARE TRUIN

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 SEIBERT ENTERPRISES, LLC (file number 801159764), a Domestic Limited Liability Company (LLC), was filed in this office on August 19, 2009.

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 05, 2018.



CY?

Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services Document: 853545180006