

6/18/2019

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HOMSI LAW, P.A.
Account Number : I20190000004
Phone : (407)377-5507
Fax Number : (407)377-5967

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: William@Homsilaw.com

Foreign Limited Liability Company SHARKY'S SNO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

19 JUN 18 PM 3:15

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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H19000190765 3

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:

1. SHARKY'S SNO, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. TEXAS

(Jurisdiction under the law of which foreign limited liability company is organized)

83-4231421

3.

(FTE number, if applicable)

UPON FILING WITH FLORIDA SECRETARY OF STATE

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

13026 TAPER REACH DRIVE

5.

(Street Address of Principal Office)

13026 TAPER REACH DRIVE

6.

(Mailing Address)

TOMBALL, TEXAS 77377

TOMBALL, TEXAS 77377

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: HOMSI LAW, P.A.

Office Address: 8815 CONROY-WINDERMERE ROAD, #402

ORLANDO

(City)

32835

Florida

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

WILLIAM HOMSI, PRESIDENT

H19000190765 3

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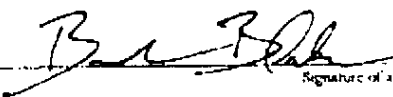
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>BRANDON BLAKE</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>13026 TAPER REACH DR.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>TOMBALL, TEXAS 77377</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



 Signature of an authorized person
 BRANDON BLAKE, MEMBER

 Typed or printed name of signer

H19000190765 3

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SHARKY'S SNO, LLC (file number 803276502), a Domestic Limited Liability Company (LLC), was filed in this office on March 27, 2019.

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 June 18, 2019



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a surname.

Jose A. Esparza
Deputy Secretary of State