MIGOOOGO 9

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 836135 7414428

AUTHORIZATION :

COST LIMIT : \$\frac{1}{5}5.00

ORDER DATE : July 9, 2019

ORDER TIME : 5:08 PM

ORDER NO. : 836135-005

CUSTOMER NO: 7414428

FOREIGN FILINGS

NAME: MOODY SECURITIES, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

| | gistration Section vision of Corporations | | | | | |
|--------------|--|---------------|--|--|--|--|
| SUBJEC | Moody Securities, LLC | | | | | |
| SUBJEC | Name of Limited Liability Company | | | | | |
| The enclo | ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. | ite of orida. | | | | |
| Please ret | m all correspondence concerning this matter to the following: | | | | | |
| | Mary E. Smith, Esq. | | | | | |
| | Name of Person | | | | | |
| | Moody National Companies | | | | | |
| Firm/Company | | | | | | |
| | 6363 Woodway, Suite 110 | | | | | |
| | Address | | | | | |
| | Houston, TX 77057 | | | | | |
| | City/State and Zip Code | - | | | | |
| | insmith@moodynational.com | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | |
| For further | information concerning this matter, please call: | | | | | |
| | Mary E. Smith, Esq. 858 427-6240 at () | | | | | |
| - | Name of Contact Person Area Code Daytime Telephone Number | | | | | |
| | IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | |

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

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:

| Moody Securities, LLC | | | | | |
|---|--|--------------------------------------|---|------------------------------|--|
| (Name of Foreign I | Limited Liability Company, must include "Limi | ted Liability | Company," "L.L.C.," or "LLC.") | | |
| f name unavailable, enter alternate na | rne adopted for the purpose of transacting business in F | lorida. The alte | mate name must include "Limited Liability C | ompany," "L L C," or "LLC.") | |
| Delaware (Jurisdiction under the law of which foreign limited liability company is organized) | | | 26-1120912 3. (FEI number, if applicable) | | |
| (Jurisdiction under the law of wh | ich foreign limited liability company is organized) | | (FEI number, if a | pplicable) | |
| N/A | | | | | |
| · | (Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter | io registration.) mine penalty li | ability) | _ | |
| 6363 Woodway, Suite | | 6 | 6363 Woodway, Suite 110 | | |
| (Street Address of P | rincipal Office) | o | (Mailing Address) | | |
| Houston, TX 77057 | | ! | Houston, TX 77057 | | |
| | | | | ·' , 为• | |
| | | - | | - | |
| Name and street addres | s of Florida registered agent: (P.O. Bo | ox <u>NOT</u> ac | cceptable) | | |
| Name: | Corporation Service Company | | | | |
| Office Address: | 1201 Hays Street | | | - S | |
| Office Addition | Tallahassee | | 32301 . Florida | , . | |
| | (City) | | (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.

Roxanne Turner Asst. Vice President

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Melinda LeGaye Manager ■ Manager Name: 6363 Woodway, Suite 110 Member Member Address: ____ Houston, TX 77057 Authorized Authorized Person Person President Other Other____ Other_ Other____ Name: Robert Engel Manager ■ Manager Name: _____ Address: 6363 Woodway, Suite 110 Member Member Address: Houston, TX 77057 Authorized ☐ Authorized Person Person Other CFO Other____ Other_ Other_ ☐ Manager Name: Manager Name: Member Address: Address: ____ Member Authorized Authorized Person Person Other_____ Other_ Other Other _ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Many & Sharture of an authorized person Mary E. Smith, Esq.

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOODY SECURITIES, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE NINTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOODY

SECURITIES, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER,

A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203180374

Date: 07-09-19

4427238 8300 SR# 20195874650