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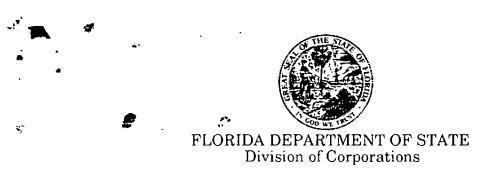
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JUL 22 2019



Y SCOTT AUG 1 6 2019



August 1, 2019

HUGH CARROLL 5100 WESTHEIMER RD. SUITE:200 HOUSTON, TX 77056

SUBJECT: INVARIABLE GROUP, LLC

Ref. Number: W19000069540

We have received your document for INVARIABLE GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 619A00015717

Yvette Scott Document Specialist II

COVER LETTER

COVER LETTER .							
TO: Registration Section Division of Corporations							
SUBJECT:							
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check 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:							
Name of Person							
Firm/Company							
Firm/Company 5100 Westhelmer Rd., Suite 2002 5 Address Houston TX 77056 1057 5 City/State and Zip Code							
City/State and Zip Code							
E-mail address: (to be used for future almual report notification)							
For further information concerning this matter, please call:							
Pary / Mapp at (813) 340-7663 Name of Contact Person Area Code Daytime Telephone Number							
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301							
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE							
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Copy							

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

IN COMPIJANCE WITH SECTION COMPANY TO TRANSACT BUSINE	NS INTHE STATE OF FLA	ORIDa:) [JABILJIY
1. (Name of Foreign Limit	riquile Gro led Liability Company; must	include "Limited	Liability Compa	ıny," " _L.C.,	or "LEC.")	_		-
(If name unavailable, enter alternate name a	dopted for the purpose of transact	ing business in Florid	ta. The alternate na	ime must include	"Limited Liability Co.	mpany ""ll	.C," or "l.1.	.c "')
2. (Jurisdiction under the law of which fo		· · · · · ·	3	30 <u>-</u>	076 17	7		_
		orgamzed)			(PE) number, ir ap	oncaose)		
4	(Date first transacted business in (See sections 605 0904 & 605,09	Florida, if prior to re 05, F.S. to determine	gistration.)					
5. 5/00 Washhai.					Same (Mailing Address)			_
(Street Address of Princip) Hauston, T					(Mailing Address)	L EC	2019 AUG	77
		-				ASSEE	15	•
7. Name and street address of	Florida registered agen	it: (P.O. Box	<u>NOT</u> accepta	ible)		AHASSEE, FLORIDA	PH 4: 24	り
Name:	Daryl	Mapp						
Office Address:	12707	Kinys	Cross	ing Dr.				
_	12.707 Gibson-	ton (Cin)		· , Florida _	33 53 Y (Zip code)			
Registered agent's acceptance Having been named as registe designated in this application, to comply with the provisions and accept the obligations of t	ee: ered agent and to accept I hereby accept the ap of all statutes relative my position as register.	ot service of propointment as to the proper a	ocess for the registered ag	above stat	ed limited liabil ree to act in thi	ity compa s capacity	: I furt	her agree
		Registered agent's sig	gnature)					

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); Name and Address: Title or Capacity: Title or Capacity: Name and Address: Manager | ☐Manager Address: 2603 Fair Oak Jr. Member []Member Authorized Authorized Person Person Other____ Other_____ Other []Other_ Name: _____ Manager Manager Member | Address: Member Authorized Authorized Person Person Other_ Other_ Manager Manager Member Address: Member Address: _____ 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.

Corporations Section P.O.Box 13697

-Austin, Texas 78711-3697



Jose A. Esparza Deputy Secretary of State

18323767466 From: Hugh Carroll

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 Invariable Group, LLC (file number 800952266), a Domestic Limited Liability Company (LLC), was filed in this office on March 14, 2008.

It is further certified that the entity status in Texas is in existence.

ZOI9 AUG 15 PA SECRITALY OF ALLAHASSEE, F

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 July 08-2019.

THE OF TH

Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 899649620003