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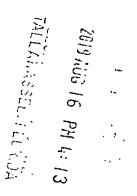
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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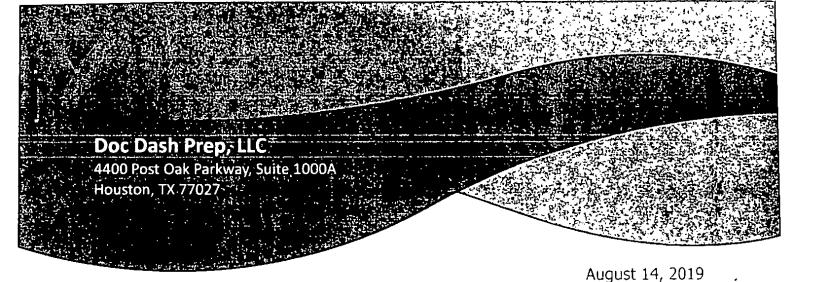


Y SCOTT AUG 2 2 2019



# COVER LETTER

то:	Registration Section Division of Corporations	
	Doc Dash Prep LLC	
SUBJI	T:Name of Limited Liability Company	
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certi and check are submitted to register the above referenced foreign limited liability company to transact business in	
Please	turn all correspondence concerning this matter to the following:	
	Jo Ann Morgan Nickels	
	Name of Person	
	Doe Dash Prep. LLC  Firm/Company	
	Firm/Company 5. ©	· •
	4400 Post Oak Parkway, Suite 1000Å	
	Address 17 C	
	Houston, TX 77027	
	City/State and Zip Code	
	docdashprep@nrlmortgage.com	
	E-mail address: (to be used for future annual report notification)	
For fur	er information concerning this matter, please call:	
	Jo Ann Morgan Nickels 713 275-1326	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Fallahassee, FL 32314  Circle Tallahassee, FL 32301  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  \$125.00 Filing Fee \$\Bigcup \text{S130.00 Filing Fee & Bisson Certified Copy} \text{\$\subseteq} \$	



Registration Section Division Corporations
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Doc Dash Prep, LLC Foreign Limited Liability Company Registration

Sir/Madam,

Please accept the associated documents for our company's "Application by Foreign Limited Liability Company for Authorization to transact business in Florida".

### Documents included

- Application by Foreign Limited Liability Company for Authorization to transact business in Florida
- · Certificate of Facts
- Check for the amount of \$160 for the filing fee, Certificate of Status & Certified Copy

If you have any additional questions or concerns, please feel free to contact me.

Thank you,

Brenda Villegas

Licensing/Compliance Analyst

Doc Dash Prep, LLC Direct: 832-779-8078

docdashprep@nrlmortgage.com

# 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

will distribute, thick spendie i	name adopted for the purpose of transacting business in Fi	onds. The alternate name must include "Linuted Liab	dity Company,	" "L L.C," o:	· "LLC	
Texas		83-2848761				
(Jurisdiction under the law of w	nich foreign limited limbday company is organized)	3. (FEI namber, (f applicable)				
February, 2019						
	(Date first transacted business in Florida, of prior to (See sections 695 0904 & 605 0905, F.S. to determ	registration.) tine penalty hability)		2019		
4400 Post Oak Parkwa	ıy	4400 Post Oak Parkway	72 77 77	ÁU	•	
(Street Address of Principal Office)		6. (Mailing Addr.	6. (Mailing Address) (/			
Suite 1000		Suite 1000	<u></u>	Ø١		
		2016 1000	<u></u>			
Houston, TX 77027		Houston TY 23022		<u></u>		
Houston, TX 77027		Houston, TX 77027	2.1			
			<u>}-,</u>	_ C2 _		
Name and street address	s of Florida registered agent: (P.O. Box	( NOT acceptable)				
Name:	NRAI Services, Inc.					
Office Address:	1200 South Pine Island Road					
	Plantation (Cny)	Florida 33324				
	(City)	(Zip rode	·			

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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to manage Jup to six (n) totall:

Name and Address:	Title or Capacity:	Name and Address
Name: Ron Zach	■ Manager	Name: Kevin Murphy
Address: 5324 Braeburn	☐ Member	Address: 236 W. 34th Street
Bellaire, TX 77401	Authorized	Houston, TX 77018
	Person	NELL. 9
Other	Other	Little College
Name:	Manager	Name: E E
Address:	☐ Member	Address:
	Authorized	
	Person	
Other	Other	Other
Name:	Manager	Name:
Address:	Member	Address:
	Authorized	
	Person	
Other	Other	Other
	Name: S324 Brachum  Address: Dellaire, TX 77401    Other	Name: Ron Zach  Address: 5324 Brachum  Bellaire, TX 77401    Authorized

Typed or primed name of signee

Kevin Murphy

submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817,155, F.S.

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes 1 am aware that any false information



# 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 Doc Dash Prep, LLC (file number 803169588), a Domestic Limited Liability Company (LLC), was filed in this office on November 19, 2018.

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

In testimony whereof, I have hereunto signed inviname officially and caused to be impressed hereon the Seal of State at my office in Austin. Texas on August 02, 2019.

H 4: 14



Jose A. Esparza Deputy Secretary of State

Come visit us on the internet at https://www.sos.texus.gov

 Phone: (512) 463-5555
 Fax: (512) 463-5709
 Dial: 7-1-1 for Relay Services

 Prepared by: SOS-WEB
 TID: 10264
 Document: 904298200004