

W19000091807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

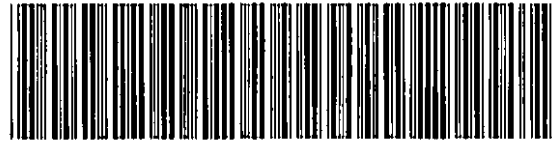
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000092233

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400334331824

09/23/13--01028--022 **150.00

11/07/13--01003--001 **638.75

FILED
2019 NOV -4 PM 3:13
TALLAHASSEE, FL 32304

Y SCOTT

NOV_7 2019



2019 NOV -4 PM 3:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2019

JAMIE HESSER
420 THROCKMORTON ST.
STE:200
FT WORTH, TX 76102

SUBJECT: ALAMO FRANCHISE SERVICES, LLC
Ref. Number: W19000092233

We have received your document for ALAMO FRANCHISE SERVICES, 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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.

Yvette Scott
Document Specialist II

Letter Number: 519A00021401

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alamo Franchise Services, LLC

Name of Limited Liability Company

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:

Jamie Hesser

Name of Person

Firm/Company

420 Throckmorton St Ste 200

Address

Ft. Worth, TX 76102

City/State and Zip Code

jamie.hesser@alamofranchise.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Hesser

at (817) 502-1047

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, 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**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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. Alamo Franchise Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware, USA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-3682936
(FEI number, if applicable)
4. 01/01/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 420 Throckmorton St Ste 200
(Street Address of Principal Office)
6. _____
(Mailing Address)
- Ft. Worth TX 76102

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

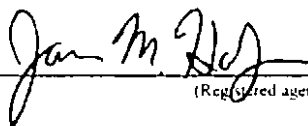
Name: CT Corporation System

Office Address: 1200 South Pine Island Rd

Plantation, Florida 33324
(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.



(Registered agent's signature)

James M. Halpin
Assistant Secretary

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:**

☒ Manager Name: D. Keith McFall

☐ Member Address: 1416 Morning Star

☐ Authorized Edmond OK 73034

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: W. Anthony Bostwick

☐ Member Address: 1409 Shalamar Rd

☐ Authorized Edmond OK 73034

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Sharon Patric

☐ Member Address: 2512 Kingdom Lane

☒ Authorized Yukon OK 73099

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


Person _____

☐ Other _____ ☐ Other _____

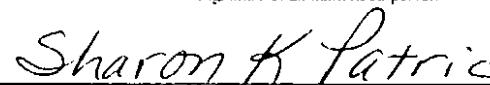
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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



Typed or printed name of signer

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALAMO FRANCHISE SERVICES, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALAMO FRANCHISE SERVICES, LLC" WAS FORMED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2017.

2019-09-17 PM 3:13




Jeffrey W. Bullock, Secretary of State

6660167 8300

SR# 20197066109

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203608104

Date: 09-17-19