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T GLASS NOV 1 4 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 037581 7292859

AUTHORIZATION: Syrell Reman

COST LIMIT : \$-1254.00

ORDER DATE: November 6, 2019

ORDER TIME : 1:06 PM

ORDER NO. : 037581-010

CUSTOMER NO: 7292859

### FOREIGN FILINGS

NAME: CND-RESOURCES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

# COVER LETTER

	)-Resources, LLC				
JECT:		Name of Limited Liability Company			
enclosed "Appendence, and che	olication by Foreign Limited Liabi	ity Company for Authorization to Transioner referenced foreign limited liability co	act Business in Florida," Certificate of ompany to transact business in Florida		
	orrespondence concerning this mat	-	,		
	John Burchfield				
-		Name of Person	<del></del>		
	Weekley Homes, L1.C				
-	Firm/Company				
	1111 North Post Oak Road				
_	Address				
	Houston, Texas 77055				
_	City/State and Zip Code				
hl	ennessee@dwhomes.com		PO TO		
_	E-mail address: (t	be used for future annual report notific	ation)		
ırther informa	tion concerning this matter, please	call:			
Hillary H	ennessee	713 316-3311	e Telephone Number		
	Name of Contact Person	at ()	e Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section		STREET AI Division of C	DDRESS: Corporations		
P.O. Box (		Registration Clifton Build 2661 Executi Tallahassee,	ling ive Center Circle		
Please mal	s a check for the following amount to check payable to: FLORIDA DO Filing Fee \$130.00 Fili	EPARTMENT OF STATE			

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. CND-Resources, LL				
(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Co	mpany," "L.L.C.," or "LLC.")	
(if name unavailable, enter alternate a	name adopted for the purpose of transacting business in F	lorida. The alterna	to name must include "Limited Liability Compa	ny," "L.L.C," or "LLC."
Texas 2	high foreign limited liability company is organized)	3	(95) number, if applica	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FSI number, if applica	ble;
4	(Date first transacted business in Florida, it prior t (See sections 605,0904 & 605,0905, F.S. to determ	n medistration )		
1111 North Post Oa			iy) 11 North Post Oak Road	
	Principal Office)		(Mailing Address)	
Houston, Texas 770	55	На	uston, Texas 77055	
				20131.
7. Name and street address	ptable)	<u>(.)</u>		
Name:	Corporation Service Company			1:0
Office Address:	1201 Hays Street		_	)7
	Tallahassee		32301 . Florida	
	(Cay)		(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.

Corporation, Service Company
By:

(Registered agent's signature)

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: DM Weekley, Inc. Manager Manager Name: \_\_\_\_ Address: \_\_\_ Member Address: \_\_\_\_ Houston, Texas 77055 Authorized Authorized Person Person Other Other UOther\_\_\_\_ Other\_\_\_\_ Manager Name: Manager Name: Member Address: \_\_\_\_\_ ☐ Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other Other Other\_\_\_\_ Other\_ Name: \_\_\_\_\_ Manager ☐ Manager Name: 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.

John Burchfleld, Vice President of DM Weekley, Inc., Manager

Typed or printed name of signee

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



# Office of the Secretary of State

# **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CND-Resources, LLC (file number 803454194), a Domestic Limited Liability Company (LLC), was filed in this office on October 24, 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 November 06, 2019.

THE OF SEXAS

Phone: (512) 463-5555

Ruth R. Hughs Secretary of State

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