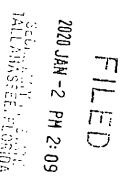
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Office Use Only



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2019

RONALD HOLLOMON 5200 LAKE BEND DR. MCKINNEY, TX 75071

SUBJECT: SKI RENTAL FLORIDA LLC

Ref. Number: W19000105286

We have received your document for SKI RENTAL FLORIDA LLC and your check(s) totaling \$160.00. 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.

Yvette Scott Document Specialist II

Letter Number: 719A00024917

RECEIVED

JAN 0 2 2020

# COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SKI KIN-MI FLUXICA	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Busi Existence, and check are submitted to register the above referenced foreign limited liability company	ness in Florida," Certificate of to transact business in Florida.
Please return all correspondence concerning this matter to the following:	
Name of Person	
Name of Person	ו20 בְּבְרָב
5KI RENTAL FLORIDA	PILED  2020 JAN +2 PM 2: 09  TALLYHIASSEET FLURIDA
Firm/Company	200
5200 / A.M. Roy B.	
5200 LAKE BERG DR.	<u>~~;</u> 0
	0
MICKINNEY TO 75071  City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person Area Code Daytime Tele	95
Name of Contact Person Area Code Daytime Tele	ephone Number
MAILING ADDRESS:STREET ADDREDivision of CorporationsDivision of CorporationsRegistration SectionRegistration Section	rations
P.O. Box 6327 Clifton Building 2661 Executive Co	enter Circle
Tallahassee, FL 32314 Z661 Executive Co	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\int \text{Certified Copy}\$	\$160.00 Filing Fee. Certificat of Status & Certified Copy

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

(Name of Foreign Limited Liability Company) must include "Limited Liability Company," "LLC." or "LC.")  (Name of Foreign Limited Liability Company) must include "Limited Liability Company," "LLC." or "LC.")  (Name of Foreign Limited Liability Company) must include "Limited Liability Company," "LLC." or "LC.")  (Name of Foreign Limited Liability Company) must include "Limited Liability Company," "LLC." or "LC.")  (Name of Foreign Limited Liability Company) in organized)  (Date Shi timedired basiness in Florida, it proc to regarized.)  (Date Shi timedired basiness in Florida, it proc to regarized.)  (Date Shi timedired basiness in Florida, it proc to regarized.)  (Date Shi timedired basiness in Florida, it proc to regarized.)  (Date Shi timedired basiness in Florida, it proc to regarized.)  (See sectional 603.0004 & 603.0003, F.S. to determine peralty liability)  (See sectional 603.0004 & 603.0003, F.S. to determine peralty liability)  (See address of Florida registered agent: (P.O. Box NOT acceptable)  Name:	5	KI RENTHL	ORIDA: FLECTURI	LLC		_
winderton under the law of which foreign hunted habitity company to organized)  (PEI number, if adopticable)  (PEI number, if	(Name of Foreign Lin	nted Liability Company; muy	i include "Limited Liability C	ompany, c.c.c., or size-	,	
winderton under the law of which foreign hunted habitity company to organized)  (PEI number, if adopticable)  (PEI number, if						<u></u>
(Date first transacted business in Florida, it prior to registration.)  (See sections 605,0004, \$ 605,0003, F.S. to determine peraity tiability)  (See sections 605,0004, \$ 605,0003, F.S. to determine peraity tiability)  (See sections 605,0004, \$ 605,0003, F.S. to determine peraity tiability)  (See address of Principal Office)  (Intaking Address)  Name:  (Intaking Address)  Name:  (Intaking Address)	unavailable, enter alternate name	adopted for the purpose of transa-	cting business in Florida. The after	nate name must include "Limited Li	3, 28	
(Date first transacted business or Florida, it prior to registration.)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0993. F.S. to determine penalty inability)  (See sections 603.0994.3. 605.0994. F.S. to determine penalty inability)  (See sections 603.0994. F.S. to determine penalty inability)  (See sections 603.0994. F.S. to determine penalty inability)				44-344	四层 2_	
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(See sections 603.0904 & 603.0905, F.S. to determine peralty liability)  5200 LAKE BOODL  6. STAILE  (Street Address of Peneigal Office)  6. (Marking Address)  (Street Address of Peneigal Office)  Name: MICHAEL FALD  Office Address: 5409 Over Sens Lightway 1996  MARCATHEN  (City)  (Cit	HISGICIEN UNDER DIE ID II CO				<i>Σ</i> η	
(Start Address of Principal Office)    Manual Company   M						<u> </u>
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(Start Address of Principal Office)  THE KINNEY. IX 75071  THE THE LIPPORT ADDRESS OF Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address: 5407 Over Sens Highway 1996  March There (City)  Therefore agent's acceptance:  In general agent's acceptance:  In general agent and to accept service of process for the above stated limited liability company at the plant of the proper and complete performance of my duties, and I am familiar weather with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar weather the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar weather the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar weather the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar weather the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar weather the provisions of all statutes relative to the proper and complete performance of my duties.	5000 Lar	= READ DE	6.	<u> </u>	<u> 15 55 8-</u>	
ame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:	(Street Address of Prin	ocipal Office)	<u> </u>	(Mailing A	datess) 12	
Name:    SHOP OVER SENS   Green   Gree	_	~-				
Name:    Name:	MCKINNEY.	X 75071	-			
Name:    Name:						
Name:    Name:						
Name:  Office Address:			-			
Name:    Name:						
Office Address: 5409 OURSENS 1-16-HWAY 29%  MARATHEN Florida 33050 (City) (City) (City)  The above stated limited liability company at the ploying been named as registered agent and to accept service of process for the above stated limited liability company at the ploying been named as registered agent and ugree to act in this capacity. I further a signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a signated in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes.	ame and street address	of Florida registered ag		ccepшble)		
Office Address: 5409 OUOLSENS 1-16-HWAY 1996  MARATHEN Florida 33050 (City) (City) (Zip code)  gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the playing been named as registered agent and to accept the appointment as registered agent and agree to act in this capacity. I further the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes.	ame and street address	of Florida registered ag	ent: (P.O. Box <u>NOT</u> a	cceptable)		—
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accept and outgoing a second	Name: Office Address: gistered agent's accept ging been named as reg	MARAT  sance: gistered agent and to ac	PALD  PRIMS LIGHT  PON  (City)  Therefore service of process	Florida 33 (Zip	ited liability company act in this capacity.	at the pl I further antiliar w
I D STATE OF A STATE O	Name: Office Address: sistered agent's accepting been named as regionated in this applications with the provision	MICHAEL  540° OUG  MARAT  Tance:  gistered agent and to accion, I hereby accept the constant of all statutes relations of all statutes relations.	PALO  PALO  PLONE  (City)  Ceept service of process e appointment as regist ive to the proper and co	Florida 33 (Zip	ited liability company act in this capacity.	at the pl I further w

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: Name and Address: Title or Capacity: Manager Manager Manager Member Address: \_\_\_\_\_\_ Member Authorized Authorized Person Person Other\_ Other\_ Other\_ Manager Manager Address: 500 LAKE PARO DE Member Address: Member Authorized Authorized Person Person Other\_ Other\_ Other\_\_\_\_ Other\_\_ Manager Name: Manager 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. Signature of an authorized person

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 Ski Rental Florida LLC (file number 803452301), a Domestic Limited Liability Company (LLC), was filed in this office on October 23, 2019.

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

2020 JAN -2 PM 2: 09

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 December 27, 2019.



Phone: (512) 463-5555

Propaged by: SOS-WEE

Ruth R. Hughs Secretary of State