# M 20000/688

(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:						

Office Use Only



700339878537

01/31/20--01017--004 \*\*130.00

TILEU

MENTALENT

FEB 12 ROLL
T. LEMIEUX

#### **COVER LETTER**

HB IFC	Birdseye Technologies, LLC						
SUBJECT:Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Floric					
Please reti	urn all correspondence concerning this matter to	o the following:					
	Gary J. Van Rooyan						
Name of Person							
The Van Rooyan Law Office, PC							
	Firm/Company						
	8554 Katy Freeway, Suite 200						
Address							
	Houston, Texas 77024						
City/State and Zip Code							
	garyv@vanrooyanlaw.com						
	E-mail address: (to be	used for future annual report notification)					
For furthe	r information concerning this matter, please cal	il:					
Gary J. Van Rooyan		713 501-5424 at ( )					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
P	inclosed is a check for the following amount: lease make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate					

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

IN COMPILANCE 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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L l.  Delaware  2				
Delaware				
Delaware				
_				
(1) number the law of which twelgh minited flashing company is organized)				
January 1, 2020 4.				
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty hability)				
8554 Katy Freeway 8554 Katy Freeway	8554 Katy Freeway			
5. 6. (Mailing Address)				
Suite 200 Suite 200	Suite 200			
Houston, Texas 77024 Houston, Texas 77024:				
** : E-	T]			
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	П			
Paracorp Incorporated				
Name:				
155 Office Plaza Drive, 1st Floor				
Office Address:				
Tallahassee 32301				
(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)

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:
■Manager	Michael M. Fields Name:	□Manager	Name:	
□Member	Address: 8554 Katy Freeway, Suite 20	□Member	Address:	.,
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		Other
□Manager	Name:	□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. 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

Michael M. Fields

Typed or printed name of signee

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



Ruth R. Hughs Secretary of State

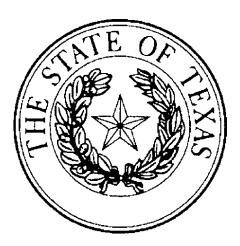
### Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Birdseye Technologies, LLC (file number 802855786), a Domestic Limited Liability Company (LLC), was filed in this office on November 02, 2017.

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 January 23, 2020.



Ruth R. Hughs Secretary of State

Dial: 7-1-1 for Relay Services TID: 10264 Document: 939511680003