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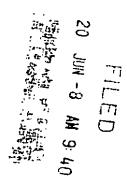
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COVER LETTER

):	Registration Section Division of Corporations	ř.			
UBJE	FLOSO, LLC ECT:				
		Name of Limited Liability Company			
he en xister	closed "Application by Foreign Limited Liability are, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.			
lease	return all correspondence concerning this matter t	to the following:			
	ERIN M. THRASH				
		Name of Person			
	THRASH, CARROLL & VANWAY LAW GROUP				
	Firm/Company				
	3 LAKEWAY CENTRE CT., STE 200				
	Address				
	AUSTIN, TEXAS 78734				
	City/State and Zip Code				
	ERIN@TCVLAW.COM				
	E-mail address: (to be	e used for future annual report notification)			
or fun	ther information concerning this matter, please ca	II:			
	ERIN M. THRASH	512 263-5400			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		I DO L'ONTRO DI L'ALIANACCOO CONTROLLA CONTROLLA CONTROLLA CONTROLLA CONTROLLA CONTROLLA CONTROLLA CONTROLLA C			
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP \$\Bigsim \text{\$\leq \$125.00 Filing Fee} \Bigsim \text{\$\leq \$130.00 Filing Fee} \text{\$\text{Certificate of } \text{\$\text{Certificate of } \text{\$\text{\$\text{Certificate of } \$\text{\$\tex{\$\$\text{\$\$	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificat			

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: FLOSO, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I. 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. C," or "LLC,") TEXAS (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.) FLOSO, LLC, A TEXAS LLC FLOSO, LLC, A TEXAS LLC (Street Address of Principal Office) 911 GIRALDA CT 3 LAKEWAY CENTRE CT, STE 200 MARCO ISLAND, FL 34145 AUSTIN, TX 78734 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ERIN M THRASH, MANAGER, FLOSO, LLC Name: 911 GIRALDA CT Office Address: MARCO ISLAND (City) Registered agent's acceptance: Having been named as registered agent and to descept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment designated 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 accept.

(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: ERIN M THRASH Name: ■Manager □Manager Name: Address: 3 LAKEWAY CENTRE CT ■ Member □Member STE 200, AUSTIN, TX 78734 ■Authorized □ Authorized Person Person □Other □Other_____ Other____Other___ Name: □Manager □Manager Name: ____ _ _ _ _ ☐ Member Address: □ Member Address: □ Authorized □ Authorized Person Person □Other □Other____ □Other___ Name: _____ □Manager □Manager Address: _____ □Member □Member Address: _ ☐ Authorized ☐ Authorized Person Person □Other □Other____ □Other portant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonlexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the sdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath he translator must be submitted) This document is executed in accordance with section 605.0203(1)(b). Forida Statutes. I am aware that any false information nitted in a document to the Department of Staty constitutes a third degree fellow as provided for in s.817.155, F.S. Signature of an authorized person ERIN M THRASH

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 FLOSO, LLC (file number 802573796), a Domestic Limited Liability Company (LLC), was filed in this office on October 31, 2016.

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 May 27, 2020.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

C; (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 972562890002