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| Special Instructions to Filing Officer; | | | | | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2020

DAVID SARGENT 2714 SHERMAN STREET GRAND PRAIRIE, TX 75051

SUBJECT: SARGENT INVESTMENTS LLC

Ref. Number: W20000081578

We have received your document for SARGENT INVESTMENTS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$72.50.

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: 420A00014213

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www.sunbiz.org

Division of Companytions DO DOY 6207 Wellahassas Florida 2021

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|--|--|--|-------------------------------------|--|--|--|--|
| SUBJECT: Sargest Investments LLC | | | | | | | |
| 300012 | SUBJECT: Sargest I westments LLC Name of Limited Liability Company | | | | | | |
| The enc Existen | closed "Application by Foreign Limited Liab ce, and check are submitted to register the ab | oility Company for Authorization to Transact Business in Florida," C bove referenced foreign limited liability company to transact busines | ertificate o | | | | |
| Please r | eturn all correspondence concerning this ma | atter to the following: | | | | | |
| | David So | Name of Person | | | | | |
| | | Name of Person | | | | | |
| Saquet I Nocstments LLC Firm/Company | | | | | | | |
| | | Firm/Company Sherman Address | ٠-۲ | | | | |
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| | E-mail address: (to be used for future annual report notification) | | | | | | |
| For furt | ther information concerning this matter, pleas | ise call: | | | | | |
| | Dovid Sargest | at (972) 28647 - 2714 Area Code Daytime Telephone Number | | | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 | | Street Address: | | | | | |
| | | Registration Section | | | | | |
| | | Division of Corporations | | | | | |
| | | The Centre of Tallahassee | | | | | |
| | Tallahassee, Fl. 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |
| | Enclosed is a check for the following amout Please make check payable to: FLORIDA ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Certifice | DEPARTMENT OF STATE | ertificate ied Copy | | | | |

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

IN COMPLIANCE WITH SECTION 405.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Sargest Indestments LLC

(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.C.") or "L.L.C.") 3. 3c - 0811646 (FEI number, if applicable) 6. 2714 Sherman 5. 2714 Sheiman (Street Address of Principal Office) Guid Prairie, 77 1851 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michael Colfrey

212 Hickmas D.

Sauford & Florida 32771

(CD) (Zapcode) Name: Office Address:

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.

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 | Name: David Salge 1x | ⊠Manager | Name: Chad A Jargest |
| □Member | Address: 3101 Shadow Dr. W | □Member | Address: 7324 Cobet Estates De |
| □Authorized | Aliegton Th 76006 | □Authorized | Klussfield Th 76063 |
| Person | V | Person | |
| □Other | Other | □Other | Other |
| ⊞ Manager | Name: Susic Saigest | □Manager | Name: |
| □Member | Address: 3101 shadow D, W | □Member | Address: |
| □Authorized | Arlington The 76001 | □Authorized | 2020 |
| Person | | Person | 1 UG |
| □Other | Other | Other | Other |
| ☑Manager | Name: David & Sargest | □Manager | Name: 13 13 13 13 13 13 13 13 13 13 13 13 13 |
| □Member | Address: 618 Portativo Dr | □Member | Address: |
| □Authorized | Activition Th 76012 | □Authorized | |
| Person | | Person | <u></u> |
| Other | Other | □ Other | Other |
| 9. Attached is a cert jurisdiction under the of the translator mu 10. This document | is executed in accordance with section 605.0 ment to the Department of State constitutes a | Florida Department of Stat d, duly authenticated by the cate is in a foreign language 203 (1) (b), Florida Statutes | e Annual Report form. cofficial having custody of records in the cartificate under oath to I am aware that any false information |
| | <u> 100.d Saracal</u> t | 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 SARGENT INVESTMENTS, L.L.C. (file number 801678605), a Domestic Limited Liability Company (LLC), was filed in this office on November 01, 2012.

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 June 23, 2020.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State