

12/3/2020

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
SUMMIT OFF DUTY SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summit Off Duty Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mayra Flores

Name of Person

Athos Group, LLC

Firm/Company

600 Las Colinas Blvd E. Suite 900

Address

Irving, TX 75067

City/State and Zip Code

mflores@athosgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Mayra Flores

at (337) 377-0586

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street Address:Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount.

Please make check payable to. FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee☐ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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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:

1. Summit Off Duty Services, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(File number, if applicable)

4. Upon Filing

(Date first transacted business in Florida, if prior to registration;
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 600 Las Colinas Blvd E, Suite 900

(Street Address of Principal Office)

Irving, TX 75039

6.

600 Las Colinas Blvd E, Suite 900

(Mailing Address)

Irving, TX 75039

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name.

Corporation Service Company

Office Address.

1201 Hays Street

Tallahassee

(City)

Florida 32301

(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)

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:

☒ Manager Name. Jeffrey D. Sweetin

☐ Member Address. 600 Las Colinas Blvd E. Suite

☒ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name. _____

☐ Member Address. _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name. _____

☐ Member Address. _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name. _____

☐ Member Address. _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name. _____

☐ Member Address. _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name. _____

☐ Member Address. _____

☐ Authorized _____

Person _____

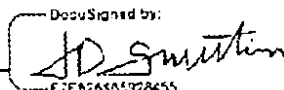
☐ Other _____ ☐ Other _____

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.

DocuSigned by:



Jeffrey D. Sweetin

Typed or printed name of signer

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



Ruth R. Hughes
H20000415309
Secretary of State

Office of the Secretary of State

Certificate of Fact

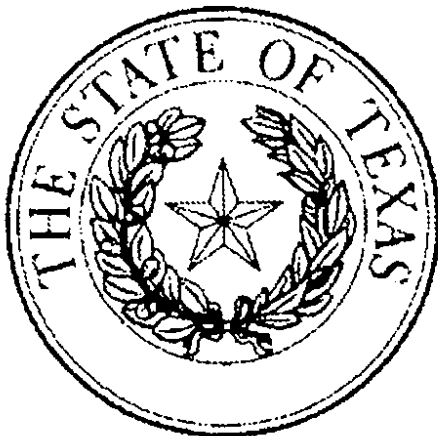
The undersigned, as Secretary of State of Texas, does hereby certify that the document, Public Information Report (PIR) for Summit Off Duty Services, LLC (file number 803539442), a Domestic Limited Liability Company (LLC), was filed in this office on December 31, 2019.

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

Delayed Effective date: February 18, 2020

2020 DEC -3 PM 4:49

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 October 15, 2020.



A handwritten signature of Ruth R. Hughes in black ink.

Ruth R. Hughes
Secretary of State