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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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
MASTERSON ADVISORS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

****Please note effective date of 1/25/2021**

****Please note effective date of 1/25/2021**

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504
1/28/21

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Masterson Advisors 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:

Warren P. Cash

Name of Person

Masterson Advisors LLC

Firm/Company

3 Greenway Plaza, Suite 1100

Address

Houston, TX 77046

City/State and Zip Code

trey.cash@mastersonadvisors.com

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

For further information concerning this matter, please call:

Trey Cash

713
at ()

814-0565

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street 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. Masterson Advisors LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-4640889
(FEI number, if applicable)
4. January 25, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3 Greenway Plaza, Suite 1100
(Street Address of Principal Office)
6. 3 Greenway Plaza, Suite 1100
(Mailing Address)
- Houston, TX 77046
- Houston, TX 77046
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Capitol Corporate Services, Inc.
- Office Address: 515 E. Park Avenue, 2nd Floor
- Tallahassee, Florida 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.



Kim Tadlock, as Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

(Registered agent's signature)

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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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Drew Masterson</u>	<input type="checkbox"/> Manager	Name: <u>Julie Peak</u>
<input checked="" type="checkbox"/> Member	Address: <u>42 Patti Lynn Lane</u>	<input checked="" type="checkbox"/> Member	Address: <u>3707 Tangley Road</u>
<input type="checkbox"/> Authorized	<u>Houston, Texas 77024</u>	<input type="checkbox"/> Authorized	<u>Houston, Texas 77005</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Anthea Moran</u>	<input type="checkbox"/> Manager	Name: <u>Debbie Shelton</u>
<input checked="" type="checkbox"/> Member	Address: <u>2623 Tangley Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>13018 Conifer Road</u>
<input type="checkbox"/> Authorized	<u>Houston, Texas 77005</u>	<input type="checkbox"/> Authorized	<u>Houston, Texas 77079</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Warren P. Cash III</u>	<input type="checkbox"/> Manager	Name: <u>Christine Crotwell</u>
<input checked="" type="checkbox"/> Member	Address: <u>4531 Beech Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>320 W. 33rd Street</u>
<input type="checkbox"/> Authorized	<u>Bellaire, Texas 77401</u>	<input type="checkbox"/> Authorized	<u>Houston, Texas 77018</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

see attached page for additional members

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.

Warren P. Cash III

Signature of an authorized person

Warren P. Cash III

Typed or printed name of signer

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Animal Health Director - Austin, TX
Greg Lentz 1521 Ebony Lane Houston, Texas 77018
Tina A. Peterman 2327 Albans Road Houston, Texas 77005
Kristin Blomquist 701 E 10 th Street Houston, Texas 77008
Jonathan Church 7714 New Forest Lane Sugar Land, Texas 77479
David R. Brayshaw 4300 Shenandoah Street Dallas, TX 75205
Spencer Day 5813 Katy Street Houston, TX 77007

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



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Ruth R. Hughes
Secretary of State

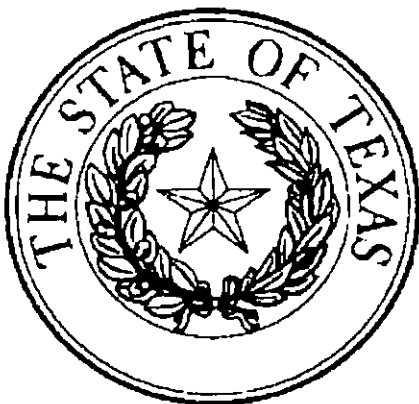
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Masterson Advisors LLC (file number 802950714), a Domestic Limited Liability Company (LLC), was filed in this office on March 01, 2018.

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 25, 2021.



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes
Secretary of State