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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : T20160000017
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
BOYD FAMILY MANAGEMENT, L.L.C.

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Certificate of Status	0
Certified Copy	1
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Boyd Family Management, L.L.C.
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:

Teresa Schiller

Name of Person

Beard Kultgen Brophy Bostwick & Dickson, PLLC

Firm/Company

220 South Fourth Street

Address

Waco, Texas 76701

City/State and Zip Code

schiller@thetexasfirm.com

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

For further information concerning this matter, please call:

Teresa Schiller

Name of Contact Person

at (254)

Area Code

776-5500

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. Boyd Family Management, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

N/A.
(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. 20-0949228
(FEI number, if applicable)

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

5. 8616 Greenville Ave., Suite 100
(Street Address of Principal Office)

6. 8616 Greenville Ave., Suite 100
(Mailing Address)

Dallas, Texas 75243

Dallas, Texas 75243

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

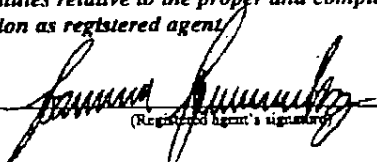
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.

 Joanna Fernandez on behalf of InCorp 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):

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<input checked="" type="checkbox"/> Officer	Name: <u>Curtis W. Boyd, M.D.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Glenn H. Boyd</u>
<input checked="" type="checkbox"/> Member	Address: <u>8616 Greenville Ave.</u>	<input checked="" type="checkbox"/> Member	Address: <u>8616 Greenville Ave.</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Suite 100</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Suite 100</u>
<input checked="" type="checkbox"/> President	<u>Dallas, Texas 75243</u>	<input checked="" type="checkbox"/> Other VP/Secy/Treas	<u>Dallas, Texas 75243</u>
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name: <u>R. Craig Colwick</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>201 North 25th Street</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Waco, Texas 76710</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

9. Attachment is a certificate of residence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under which the corporation is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be attached.)

10. This document is being filed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted on this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

BOYD FAMILY MANAGEMENT, L.L.C.

R. Craig Colwick
Signature of an authorized person

R. Craig Colwick, Vice President
Typed or printed name of signer

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



Ruth R. Hughs
Secretary of State
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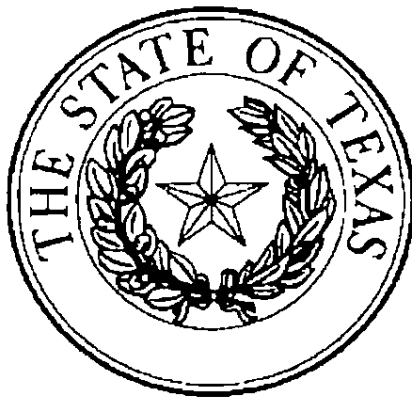
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for Boyd Family Management, L.L.C. (file number 800322837), a Domestic Limited Liability Company (LLC), was filed in this office on March 29, 2004.

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 March 12, 2021.



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

Ruth R. Hughs
Secretary of State