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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017

Phone

Fax Number

: (855)498-5500 : (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.\*\*

<b>Email</b>	Address:			 	
				-	

## Foreign Limited Liability Company **NEALCO ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

COVER	LETTER
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	stration Section		· 100	•
Divisi	ion of Corporations			<b>%</b> .
SUBJECT:	Nealco Enterprises, LLC			
object		e of Limited Liability Con	npany	
	Application by Foreign Limited Liability check are submitted to register the above			
Please return a	Il correspondence concerning this matter t	to the following:		
	Teresa Schiller			
		Name of Person		<del></del>
	Beard Kultgen Brophy Bos	twick & Dickson, PLI	LC	
		Firm/Company		<del></del>
	220 South Fourth Street			
		Address		
	Waco, Texas 76701			
	(	City/State and Zip Code		
	schiller@thetexasfirm.com			
	E-mail address: (to b	e used for future annual re	port notification)	
For further info	ormation concerning this matter, please ca	dl:		
	Teresa Schiller	at ( 254)	776-5500	
	Name of Contact Person	Arca Code	Daytime Telephone Numb	er
<u>Maili</u>	ng Address:	Street Address:		
_	stration Section	Registration Sect		
	sion of Corporations	Division of Corp		
P.O.	Box 6327	The Centre of Ta		
Talla	ahassee, FL 32314	2415 N. Monroe	Street, Suite 810	
		Tallahassee, FL	32303	
	osed is a check for the following amount:		_	
	e make check payable to: FLORIDA DEI			Una Contificate
, <b>⊠</b> 72 i	25.00 Filing Fee \$130.00 Filing Fe	ee & 🔲 \$155.00 Filing of Status Certified	-	: Certified Copy

## 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. DIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Nealco Enterpris	ses. LLC			
(Name of Foreign L	imited Liability Company, must include "Limitor	Liability C	ompany," "L.L.C.," or "LLC.")	
				, •
ame unavailable, cases alternate na	me adopted for the purpose of transacting business in Fl	orida. The elu	rnate came must include "Limited I	Liability Company," "L.L.C," or "LLC
Texas		3	85-4208122	
(Jurisdiction under the law of whi	ch foreign limited liability company is organized)	_	(FEI num	iber, if applicable)
	(Date first transacted business in Florida, if prior to	nesistration \		<u> </u>
	(See sections 605.0904 & 605.0905, F.S. to determine	ne penalty lia	bility)	
947 Turkey Run F	?nad	6	947 Turkey Run Ro	ad ···
rect Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	0	(Mailing Address)	
Crawford, Texas	76638		Crawford, Texas 7	6638
		_		<u>;</u>
Name and street address	of Florida registered agent: (P.O. Box	NOT ac	ceptable)	FIL 2021 APR - SECRETA SALLAI
Name:	Michael A. Neal	<del></del>		
Office Address:	9550 NW 160th Ave			OF S.TATE
	Morriston		, Florida 32668	
	(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.

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: Michael A. Neal	□Manager	Name: Michael Neal, Jr.
⊠Member	Address: 947 Turkey Run Road	□Member	Address: 108 Mariposa Bonita Cove
<b>⊠</b> Authorized	Crawford, Texas 76638	<b>X</b> Authorized	Georgetown, TX 78633
Person		Person	<u></u>
Other	Other	□Other	Other
			•
Manager	Name: Carolyn Neal	□Manager	Name:
X)Member	Address: 947 Turkey Run Road	□Member	Address:
X Authorized	Crawford, Texas 76638	□Authorized	
Person		Person	
Other	Other	Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other	Other	□Othez	

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.

NEALCO ENTERPRISES, LLC
By: Stuly le Nes
Signature of an authorized person
Michael A. Neal, President
Tweet or printed name of signer

(06/06) 04/02/2021 02:03:01 PM H21000132740 3

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



Ruth R. Hughs 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 Nealco Enterprises, LLC (file number 803803925), a Domestic Limited Liability Company (LLC), was filed in this office on October 20, 2020.

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 April 02, 2021.



Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 TID: 10264

09 Dial: 7-1-1 for Relay Services Document: 1039678230003

Phone: (512) 463-5555 Prepared by: SOS-WEB