

W21000007661

(Requestor's Name)

(Address)

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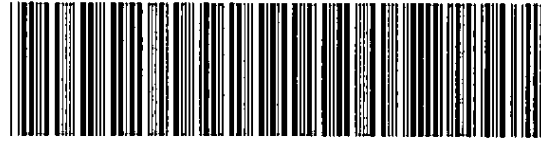
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACD Real Estate Holdings, 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:

D'Anne Dutton Kincannon
Name of Person

ACD Real Estate Holdings, LLC
Firm/Company

7775 Basnett Circle
Address

Kissimmee, Florida 34747-2134
City/State and Zip Code

dsellsrealestate@aol.com
E-mail address: (to be used for future annual report notification)

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL

For further information concerning this matter, please call:

Jeff Dutton jadmkd@gmail.com 832 551-6122
 _____ at (_____) _____
 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

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. ACD Real Estate Holdings, 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 "LLC.")

2. Texas 3. 803760735
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7775 Basnett Circle 6. _____
(Street Address of Principal Office) (Mailing Address)

Kissimmee, FL 34747-2134

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

Name: D'Anne Dutton Kincannon

Office Address: 7775 Basnett Circle

Kissimmee 34747-2134
(City) Florida (Zip code)

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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.

D'Anne Kincannon
(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: Manager Member Authorized Person Other

Name and Address:
 Name: Lendon Dutton
 Address: 200 Dutton Rd., Jacksboro, TX
 76458

Title or Capacity: Manager Member Authorized Person Secretary-Treasurer Other

Name and Address:
 Name: D'Anne Dutton Kincannon
 Address: 7775 Basnett Circle
 Kissimmee, FL 34747-2134

Manager Member Authorized Person Other

Name: _____
 Address: _____

Manager Member Authorized Person Other

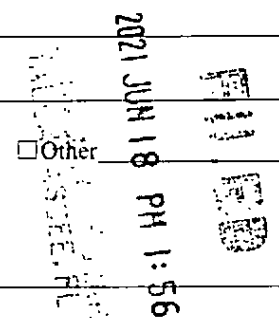
Name: _____
 Address: _____

Manager Member Authorized Person Other

Name: _____
 Address: _____

Manager Member Authorized Person Other

Name: _____
 Address: _____



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.

Lendon Dutton

 Signature of an authorized person

Lendon Dutton

 Typed or printed name of signer

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



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ACD Real Estate Holdings, LLC (file number 803760735), a Domestic Limited Liability Company (LLC), was filed in this office on September 14, 2020.

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

It is further certified that our records indicate JEFF DUTTON as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

16406 LAURELFIELD DRIVE

HOUSTON, TX - 77059 USA

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 16, 2021.



A handwritten signature in black ink, appearing to read "Jose A. Esparza".

Jose A. Esparza
Deputy Secretary of State

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TAMARA SEBASTIAN

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