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(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ddress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL				
(Ві	usiness Entity Name)				
(Do	ocument Number)				
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				

Office Use Only



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AUG 30 2021 M. SOLOMON

COVER LETTER

Registration Section

TO:

	Name	e of Limited Liability Company
closed "z	Application by Foreign Limited Liability Check are submitted to register the above (Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F
return al	l correspondence concerning this matter to	o the following:
	Mary Bates	
		Name of Person
	State Tax Advisors	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company
	23740 Woodford Place Dr.	
		Address
	Kingwood, Texas 77339	
	C	ity/State and Zip Code
	Pkholdings@statetaxadvisors.com	
	E-mail address: (to be	used for future annual report notification)
ther info	rmation concerning this matter, please cal	II:
Mary		832 644-6248
	Name of Contact Person	at ()
Mailing Address:		Street Address: Pagistration Sugaion
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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:

			nute name must include "Limited Liability Company,	Table of the y	
Delaware			5-2329887		
(Jurisdiction under the law of which foreign limited hability company is organized)			(FEI number, if applicable)		
	(Date first transmitted business in Florids, if onor to	registration)			
	(Date first transmited business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	ne penalty liab	dity)		
1800 E 4th Street, Unit 101		21	750 Hardy Oak Blvd, Suite 104, PME	3 3910	
et Address of Principal Office)	-	0	(Mashing Address)		
Austin, Texas 78702		San Antonio, Texas 78258			
		_			
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)		
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT acc	eplable)	2 17 2 12 13 12	
	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acc	eplable)	200 200 200 200 200 200	
Name and <u>street addre</u> Name:		NOT acc	eplable) 		
Name:		<u>NOT</u> acc	eplable)	100 to 10	
	Corporation Service Company 1201 Hays Street	NOT acc	eplable) 	Theorem association of the property of the pro	
Name:	Corporation Service Company	NOT acc	eplable) 32301 . Florida	TOTAL TOTAL	

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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name: Name and Address: Name: 1750 Hardy Oak Blvd. Suite 104, PMB 3910			
□Manager	Name: James Clements	■Manager				
■Member	Address: 21750 Hardy Oak Blvd.	□Member				
□Authorized	Suite 104, PMB 3910	□Authorized				
Person San Antonio, TX 78258		Person	San Antonio, TX 78258			
□Other		□ Other	 -	☐Other		
□Manager	Name:	□Manager	Name:			
□Member	Address:	□Member	Address:			
□Authorized		Authorized				
Person		Person			:÷:	2021
□Other	Other	□Other	<u>.</u>	□Other	- <u></u>	<u></u>
					*	C)
□Manager	Name:	□Manager	Name:		- 171 e 1 - 171 e 1	30
□Member	Address:	□Member	Address:	-	- <u>- 33</u> - 333	
□Authorized		□Authorized		·····	•	•
Person		Person		 _		
Other		□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.

Jennifer Musso

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PERFECT KETO HOLDINGS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PERFECT KETO HOLDINGS LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2021.

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203826403

Date: 08-03-21