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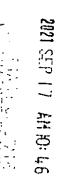
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### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations	
SUBJE	CCT: Stephen Fulton & He	Eather Hat Reld JLLC F Limited Liability Company
		npany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to th	ne following:
	Steph	Name of Person
	Stephen Fulton & Hea	the Hatfield, LLC Firm/Company
	100 Dawn Rive	Address
	Austin	TX 78732 State and Zip Code
	Fulton3 E-mail address: (to be us	ed for future annual report notification)
For furt	ther information concerning this matter, please call:	
	Stephen Fulton Name of Contact Person	at (512) (58-6302 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 DEPAR  \$\sigma\$ \$125.00 Filing Fee \$\sigma\$ \$130.00 Filing Fee & Certificate of \$\sigma\$	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPANYTOTRANSACTBU 1. Ste of	TION 605.0902, FLORIDA STATUTES. THE FOLLOWING SINESS IN THE STATE OF FLORIDA: Limited Liability Company, wast include "Limited Liability Company.	feld.LLC	<u>ШМПЕ</u> Д 1	LIABILITY	
_	same adopted for the purpose of transacting business in Florida. The alte		L.C," or "Li	LC.ŋ	
(Aurisdiction under the law of w	, , , , , , , , , , , , , , , , , , ,	(FEI manber, if applicable)	<del></del>		
-	(Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty list	pility)			
5. 100 Daw (Street Address of Principal Office)	n River Cove 6.	100 Dawn River G (Mailing Address)	<u> </u>		
Autio, D	_	Auto, TX 78732			
			•••	2021 S	
7. Name and street addres	s of Florida registered agent: (P.O. Box <u>NOT</u> acc	eptable)	50 20 20	<b>2021</b> SEP 17	- 3 ·
Name:	Lawrence V. Fulton		200		ì
Office Address:	17281 Front Beach Rd., Unit 1501	<u> </u>		AH 10: 46	ι.
	Panama City Beach	, Florida <u>32413</u> (Zip code)			
designated in this application comply with the provisi	tance: gistered agent and to accept service of process for tion, I hereby accept the appointment as registere ons of all statutes relative to the proper and comp t of my position as registered agent.	d agent and agree to act in this capacity.	I furthe	r agree	
· ·	L V Idao				

(Registeron agent's nignature)

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Stephen Fulton Manager | Address: 100 Dawn River live □Member □Member ☐ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □Other □Manager Name: □Manager Name: \_\_\_\_\_ □Member Address: ☐ Member Address: ☐ Authorized Authorized Person Person □Other □Other □Other \_\_\_ Name: \_\_\_\_\_\_ ☐ Manager □Member □Member Address: Address: Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_ \_\_\_\_ □Other\_\_\_\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Signature of an authorized person

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



# 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 Stephen Fulton & Heather Hatfield, LLC (file number 801840147), a Domestic Limited Liability Company (LLC), was filed in this office on August 23, 2013.

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 September 11, 2021.



Jose A. Esparza Deputy Secretary of State Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John Steen Secretary of State

# Office of the Secretary of State

## CERTIFICATE OF FILING **OF**

Stephen Fulton & Heather Hatfield, LLC File Number: 801840147

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 08/23/2013

Effective: 08/23/2013



John Steen Secretary of State

Phone: (512) 463-5555 Prepared by: Kika Garza Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

TID: 10306

Dial: 7-1-1 for Relay Services Document: 498365870002