

MD1000016064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

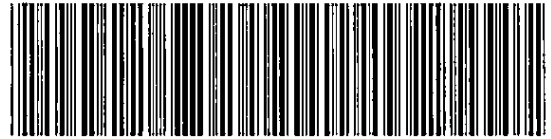
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 DEC -1 AM 11:25
CLERK OF COURT
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CLERK OF COURT
HARRIS COUNTY, TEXAS

T. LEMIEUX
DEC - 2 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/01/2021

****WALK IN****

ENTITY NAME Headstorm, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125

ACCOUNT #: I20160000072

E R H/O

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEADSTORM, 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:

Vivian Garcia

Name of Person

HEADSTORM, LLC

Firm/Company

15455 N. Dallas Parkway Suite 300

Address

Addison, TX 75001

City/State and Zip Code

legaldocs@headstorm.com

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

For further information concerning this matter, please call:

Georgina Vega

800

567-4397

at (_____) _____

Name of Contact Person

Area Code

aytime 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. HEADSTORM, 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. 46-2396965
(Jurisdiction under the law of which foreign limited liability company is organized) FEI number, if applicable

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

5. _____ (Street Address of Principal Office)	6. _____ (Mailing Address)
<u>15455 DALLAS PKWY STE 300</u>	<u>15455 DALLAS PKWY STE 300</u>
<u>ADDISON, TX 75001-6471</u>	<u>ADDISON, TX 75001-6471</u>

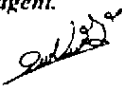
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:	<u>URS AGENTS, LLC</u>
Office Address:	<u>3458 Lakeshore Drive</u>
	<u>Tallahassee</u> , Florida <u>32312</u>
	(City) (Zip code)

FILED
21 DEC -1 AM 11:25

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.



(Registered agent's signature) **Georgina Vega Assistant Secretary**


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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Lawrence King</u>	<input type="checkbox"/> Manager	Name: <u>JANICE KING</u>
<input checked="" type="checkbox"/> Member	Address: <u>2905 Beauchamp Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>145 Baytree Trail</u>
<input type="checkbox"/> Authorized	<u>Plano, TX 75073</u>	<input type="checkbox"/> Authorized	<u>MABANK, TX 75156</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.


Signature of an authorized person

JANICE A. KING
Typed or printed name of signer



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 Headstorm, LLC (file number 801757833), a Domestic Limited Liability Company (LLC), was filed in this office on March 27, 2013.

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

It is further certified that our records indicate URS AGENTS, LLC as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

3610-2 N. JOSEY LANE, SUITE 223

CARROLLTON, TX - 75007 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 October 27, 2021.



A handwritten signature of Jose A. Esparza in black ink.

Jose A. Esparza
Deputy Secretary of State