

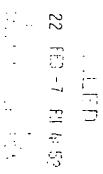
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T. LEMIEUX FEB 17 2022

SBLB, LLC Public Transit Consulting

February 1, 2022

Division of Corporations Registration Section P. O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed our application to do business as a foreign LLC in the State of Florida along with the required payment for the registration.

As noted in the enclosed application, our company requests to use the name **SBLB Texas, LLC** for its business in Florida due to the fact that the SBLB, LLC is already taken by another Florida business.

Feel free to contact me if you have any questions in regards to this application.

Thank you for your assistance with this registration.

Sincerely,

Member

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	_{CT:} SBLB, Limited Liab	oility Comp	any			
		Name of Lin	nited Liability (Company		
	closed "Application by Foreign Limited ce, and check are submitted to register t					
Please r	eturn all correspondence concerning thi	s matter to the fol	lowing:			
	Kirk Scott					
		Name	e of Person		-	_
	SBLB, Limite	d Liabilit	y Com	pany		
		Firm	Company			
	6517 Mesa R	lidge Ct.				
		A	ddress			-
	Fort Worth, T	X 76137	7			
		City/State	and Zip Code			_
	kscott5606@g	mail.coi	m			
		ess: (to be used fo		report notitica	tion)	~
For furt	her information concerning this matter,	please call:				
	Kirk Scott	а	704	, 804-95	554	
	Name of Contact Pers		Area Code	Daytime	Telephone Number	_
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations section ng ve Center Circle	
	Enclosed is a check for the following a Please make check payable to: FLORI		ENT OF STA	TE		
	☐ \$125.00 Filing Fee	00 Filing Fee &	\$155.00	Filing Fee &	☐ \$160.00 Filing	Fee, Certificate

Certificate of Status

Certified Copy

of Status & Certified Copy

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

exas		3 82-4618842
sdiction under the law of w	high foreign limited liability company is organized)	(FEI number, n'upplicable)
	(Date first transacted business in Florida, if per (See sections 605 0904 & 605 9905, F.S. to de-	or to registration) termine renalty liability)
517 Mes	a Ridge Ct	6 6517 Mesa Ridge Ct
rt Worth	TX 76137	Fort Worth TX 76137
	ss of Florida registered agent: (P.O. I	22
		Box NOT acceptable)
me and <u>street addre</u>	ss of Florida registered agent: (P.O. I	Box NOT acceptable) 1 22 nts Inc.
ne and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. I	Box NOT acceptable) 1 22 nts Inc.

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: Name: Kirk Scott Name: Robert Babbitt Manager Manager Address: 6517 Mesa Ridge Ct. Address: 2005 Arles Lane Member ✓ Member Fort Worth, TX 76137 Carrollton, TX 75007 ☐Authorized Authorized Person Person Other Other____ Other_ Other_____ Name: Timothy A. Lett Name: Ken Fischer Manager Manager Address: ____1411 Rush Limbaugh Ln Address: _776 Osprey Dr. **Z**Member Member Knoxville, TN 37932 Port Orange, FL 32127 ☐ Authorized Authorized Person Person __Other____ Other Other___ Other___ Manager Name: _____ Manager Name: Member Address: ____ Member 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. Kirk A. Scott

Typed or printed name of signee.

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



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 SBLB, LIMITED LIABILITY COMPANY (file number 802956932), a Domestic Limited Liability Company (LLC), was filed in this office on March 05, 2018.

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 January 31, 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1115982660003