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CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

	ACCOU	ONT NO. :	12000000	0195
	REF	ERENCE :	719610	7826847
	AUTHORI	ZATION :	10 Va	1
	COST	LIMIT :	\$ 125.00	exam
ORDER DATE	: June 2, 2	022		
ORDER TIME	: 8:16 AM			
ORDER NO.	: 719610-01	0		
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	<u>FO</u>	REIGN FILI	<u>NGS</u>	
NAM	E: THE VA	LDEZ GROUP	LLC	
XXXX QUAL	IFICATION (	TYPE: <u>LL</u> )		
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EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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

IN COMPLIANCE WITH SECTION 6/5/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orda. The alternate name must include "Limited I	Liability Company," "L. L. C." or	"LLC.
Delaware		3. 85-2520639		
(Introduction under the law of w	duch foreign limited liability company is organized)	(FhJ mur	aber, (f applicable)	
upan filing				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration ) se penalty liability t	<del></del>	
632 E. Church St., Galion, OH 44833		6. c/o Integrity Marketing P (Mailing Address)	artners, LLC	_
·		1445 Ross Avenue, 22nd		
		Dallas, TX 75202		
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2022 JUI	
	Corporation Service Company		5 0 1 0 2 1	
Name:			A A A	
Name: Office Address:	1201 Hays St.			٠.
	Tallahassee		F 68	•.
			—— ——————————————————————————————————	•.

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: Equis Financial, LLC □ Manager Name: \_\_\_\_ Name: □Manager 1445 Ross Avenue, 22nd Floor **■**Member □ Member Address: Dallas, TX 75202 Authorized □ Authorized Person Person □Other □Other □Other\_\_\_\_\_ □Other \_ \_ □Manager Name: □Manager Name: ☐ Member Address: □Member Address: ☐ 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. Signature of an authorized person Duncan McQueen, Assistant Secretary

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE VALDEZ GROUP 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 JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE VALDEZ GROUP LLC" WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203594964

Date: 06-03-22