# M2200013139

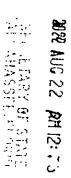
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
3H40, LLC SUBJECT:		_	
	Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liab Existence, and check are submitted to register the al	ility Company for Authorization to Transact Business in Florida, pove referenced foreign limited liability company to transact busi	" Certificate of iness in Florida.	
Please return all correspondence concerning this ma	itter to the following:		
TRACY WEAKLEY			
	Name of Person	•	
3H40 LLC			
	Firm/Company	,	
4100 GREENBRIAR SUITE 130			
	Address		
STAFFORD TX 77477		AUG AUA AUG	
	City/State and Zip Code	22 F	
TRACY@KEYSTAR.COM		्राष्ट्रीय 🛬 🛭	
E-mail address:	(to be used for future annual report notification)	er state	
For further information concerning this matter, plea	se call:	活合 は	
TRACY WEAKLEY	281 2655328 X 315		
Name of Contact Person	Area Code Daytime Telephone Number	•	
Mailing Address:	Street Address:		
Registration Section	Registration Section		
√ Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount Please make check payable to: FLORIDA  ■ \$125.00 Filing Fee  \$130.00 Filing Certific	DEPARTMENT OF STATE		

# 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. 3H40, 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," "U.E.C," or "El C.") **TEXAS** (I El number, il applicable) (Junisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration,) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) P O BOX 1068 4100 GREENBRIAR SUITE 130 5. (Street Address of Principal Office) (Mailing Address) STAFFORD TX 77497-1068 STAFFORD TX 77477 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 NORTH CALHOUN STREET SUITE 4 Office Address: TALLHASSEE , Florida 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.

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:	
■Manager	Name:	■Manager	Jim Hrebenar Name:	-
<b>⊟</b> Member	Address: 4100 Greenbriar Ste 130	<b>■</b> Member	Address: 4100 Greenbriar Ste 130	
□Authorized	Stafford TX 77477	☐ Authorized	Stafford TX 77477	
Person		Person		_
□Other	Other	Other	□Other	_
<b>®</b> Manager	Ed Hrebenar	■Manager	Name:	_
<b>■</b> Member	Address: 4100 Greenbriar Ste 130	■Member	Address: 4100 Greenbriar Ste 130	
□ Authoriz <b>cd</b>	Stafford TX 77477	☐ Authorized	Stafford TX 77477	- ".
Person		Person	H 746	
Other	□Other	Other	☐Other ☐	  -   -
<b>≣</b> Manager	Name:	⊞Manager	Name: Deborah Maun St. 130	C.
■Member	Address: 4100 Greenbriar Stc 130	■Member	Address: 4100 Greenbriar Ste 130	
□Authorized	Stafford TX 77477	□Authorized	Stafford TX 77477	
Person		Person		-
□01her	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)

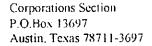
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

That you have all signed

Typed or printed name at signed

John B. Scott Secretary of State





# 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 3H4O, LLC (file number 804318675), a Domestic Limited Liability Company (LLC), was filed in this office on November 18, 2021.

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 August 16, 2022.



John B. Scott Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/
Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
Prepared by: SOS-WEB TID: 10264 Document: 1170026360003