M2300000H117

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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
	•
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Business Entity Name)
	(Document Number)
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: Copies	Certificates of Status
Instructions to	Filing Officer:
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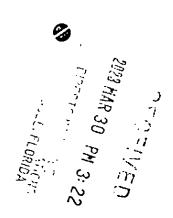
Office Use Only



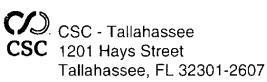
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A DECE



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850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 03/30/23 Order #: 623565-1

:

Re: JV Driver Industrial Services Management LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: 120000000195

AUTHORIZATION:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

	DRIVER INDUSTRIAL SERVICES	MANAGEMENT, LLC				
JECT:Name of Limited Liability Company						
nclosed "An	plication by Foreign Limited Liability	Company for Authorization to Transact Business in Florida," Certifica				
ence, and che	cck are submitted to register the above	referenced foreign limited liability company to transact business in Flo				
e return all c	orrespondence concerning this matter t	o the following:				
		Name of Person				
		Name of Person				
		Firm/Company				
		Address				
	C	City/State and Zip Code				
_						
_	E-mail address; (to be	e used for future annual report notification)				
ırther inform	nation concerning this matter, please ca	11:				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
	Å ddrase:	Street Address:				
Mailing	ation Section	Registration Section				
Mailing . Registra	sion of Corporations Division of Corporations					
Registra		Division of Corporations				
Registra Divisio	n of Corporations	•				
Registra Divisio P.O. Bo	n of Corporations ox 6327	The Centre of Tallahassee				
Registra Divisio P.O. Bo	n of Corporations	•				

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in F	Iorida. The		Сопрапу," "L	.LC," or '	"LLC.")
TEXAS 2.			85-3302919 (FEI mumber, If a			_
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if a	pplicable)		
4/10/23						
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registratio	i.) liability)	-		
777 BENMAR DR. S	TE. 400	6.	77 BENMAR DR. STE. 400			
5. (Street Address of Principal Office)			(Mailing Address)			-
HOUSTON, TX 77060			HOUSTON, TX 77060			
						_
				- 		
					202	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	C NOT	acceptable)	-	2023 HAR	
	Corporation Service Company				R 3(:= >> I
Name:					70	[3]
Office Addresses	1201 Hays Street				PH 2:	ָר ר
Office Address:				:		
	Tallahassee		32301 , Florida		ယ	
	(City)		(Zip code)			
Registered agent's accep						
	gistered agent and to accept service of p tion, I hereby accept the appointment a					
to comply with the provisi	ons of all statutes relative to the proper	and co	mplete performance of my duties	, and I am	famili	ar with
and accept the obligation.	s of my position as registered agent. Corporation Service Company	0				
	By: alixin Weilard-	Jinns	on, AUP			
	Charles and a second	#sametorn)		-		

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: ERIC CHANEY **TODD ROBINSON** Manager **■**Manager 3508 E. PASADENA FWY 3508 E. PASADENA FWY ☐ Member Address: □Member PASADENA, TX 77503 PASADENA, TX 77503 □ Authorized □ Authorized CONTROLLER GENERAL MANAGER 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 □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

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 J.V. Driver Industrial Services Management, LLC (file number 803757988), a Domestic Limited Liability Company (LLC), was filed in this office on September 09, 2020.

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 March 30, 2023.



gave Helson

Jane Nelson Secretary of State