Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002165713)))



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To:

Division of Corporations

Fax Number : (850)617-6383

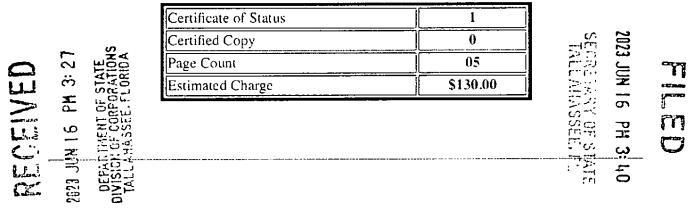
From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 : (888)462-3453 Phone Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: EFILE1234@INCFILE.COM

Foreign Limited Liability Company SERVICEBASIX LLC



Electronic Filing Menu Corporate Filing Menu

Help

(((H23000216571 3)))

COVER LETTER

SUBJECT:	SERVICEBASIX LLC			
Name of Limited Liability Company				
	ed Liability Company for Authorization to Transact Business in Florida," Certificate or the above referenced foreign limited liability company to transact business in Flori			
Please return all correspondence concerning	this matter to the following:			
Lovette Dobso	n			
-	Name of Person			
	Firm/Company			
17350 State Hw	<u> </u>			
	Address			
Houston, TX 7	7064			
	City/State and Zip Code			
EFILE1234@IN	CFILE.COM Iddress: (to be used for future annual report notification)			
E-mail ac	ldress: (to be used for future annual report notification)			
For further information concerning this matter	er, please call:			
Lovette Dobson	Person Area Code Daytime Telephone Number			
Name of Contact I	Person Area Code Daytime Telephone Number			
Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			
□ \$125.00 Filing Fee 🖾 \$130.	ng amount: DRIDA DEPARTMENT OF STATE 00 Filing Fee & S155.00 Filing Fee & S1560.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy			

(((H23000216571 3)))

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

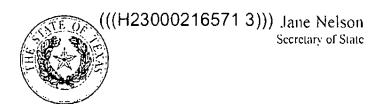
IN COMPLIANCE WITH SECTION 6/5/09/02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SERVICEBA (Name of Foreign		"Limited Liability Company," "L.L.C.," or "LLC.")				
(If name unavailable, enter alternate)	name adopted for the purpose of transacting busin	ness in Fforida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,")				
2. Texas Churisdiction under the law of w	hich foreign lumited liability company is organize	cd) (FEI number, if applicable)				
1						
4.	(Date first transacted business in Florida, if (See sections 605 0904 & 605 0905, F.S. to	l prior to registration.) o determine penalty hability)				
5. 1150 Nw 72nd Ave Tower I		6. 1150 Nw 72nd Ave Tower I (Mailing Address)				
Ste 455 #11345		Ste 455 #11345				
Miami, FL 33126		Miami, FL 33126				
7. Name and street address	ss of Florida registered agent: (P.C	D. Box NOT acceptable)				
Name:	REPUBLIC REGISTERED AGENT LLC					
Office Address:	1150 Nw 72nd Ave Tower I Ste 455					
	Miami	. Florida 33126 25 77 77 77 77 77 77 77 77 77 77 77 77 77				
designated in this applica to comply with the provise	tance: gistered agent and to accept servic tion, I hereby accept the appointm ions of all statutes relative to the p s of my position as registered agen	ice of process for the above stated limited liability company at the place nent as registered agent and agree to act in this capacity. Dorther agree proper and complete performance of my duties, and Lam familiar with				
	Registeren	Juna's signature)				

Title or Copacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Fred Terlaak	∏ Manager	Name: John Tseng
.≰Member	Address:	fZMeniber	Address:
□Authorized	10505 Tweedsmuir Dr.	□Authorized	2509 Tierra Blanco Trail
Person	Austin, TX 78750	Person	Cedar Park, TX 78613
[]Other		□ Other	□Other
. JManager	Name:	○Manager	Name:
E Member	Address:	[]Member	Address:
(*)Authorized		Authorized	
Person		Person	
EJOther		Other	(]Other
∏Manager	Name:	□Manager	Name:
[[Member	Address.	⊞Member	Address:
ClAuthorized		□Authorized	
Person		Person	
COther	Other	@Other	Other
indexed individuals 9. Attached is a cer jurisdiction under t of the translator mu 10. This document	Use an attachment to report more than six (6). It can be added to the index when filing your Fatificate of existence, no more than 90 days old, the law of which it is organized. (If the certificates the submitted) is executed in accordance with section 605.020 ment to the Department of State constitutes a the submitted.	lorida Department of State duty authenticated by the te is in a foreign language (1) (b). Florida Statutes	e Annual Report form. cofficial having custody of records in the sea translation of the certificate under oath sea. I am aware that any false information

Is ped or printed name of signer

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



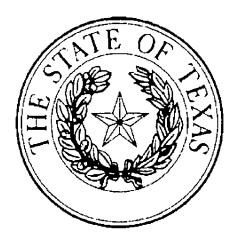
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SERVICEBASIX LLC (file number 803055993), a Domestic Limited Liability Company (LLC), was filed in this office on June 28, 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 June 15, 2023



John Melson

Jane Nelson Secretary of State

Document: 1257492290002

Phone. (512) 463-5555 Prepared by: SOS-WEB