

M24000002443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

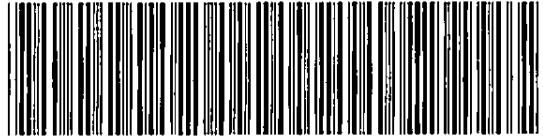
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 12 2024

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2024 FEB 12 PM 3:30  
SECRETARY OF STATE  
MAIL ROOM

T. LEMIEUX  
FEB 26 2024

TO: Florida Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FROM: Nevada Corporate Headquarters, Inc.  
NCH Business Registration  
1450 Vassar St.  
Reno NV 89502  
(800) 638-2320  
(775) 329-0852

DATE:

*SENT VIA USPS*

**To Whom It May Concern:**

Attached, please find the following document(s):

- APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY: STROS NORTH AMERICA LLC
- We have included payment in the amount of **\$125** for the following fees:  
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY

If there are any questions, please call 800-542-2077

Please return the filed stamped copies of the Application by Foreign Limited Liability Company to the address below.

**ATTN: D. Bird**  
**Business Registration Department**  
**1450 Vassar St**  
**Reno, NV 89502**  
**processingdepartment@nchinc.com**

Sincerely,

*D. Bird*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: STROS NORTH AMERICA LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

D. Bird

\_\_\_\_\_  
Name of Person

NCH Registered Agent

\_\_\_\_\_  
Firm/Company

1450 Vassar St

\_\_\_\_\_  
Address

Reno, NV 89502

\_\_\_\_\_  
City/State and Zip Code

renewals@ncline.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. Bird

800

508-1726

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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. STROS NORTH AMERICA 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," "L.L.C.," or "LLC.")

2. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

409 W Front St, Ste 100-169

5. (Street Address of Principal Office)

Hutto, TX 78634

409 W Front St, Ste 100-169

6. (Mailing Address)

Hutto, TX 78634

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

NCH Registered Agent

Office Address:

390 North Orange Ave., Ste. 2500-N

Orlando

(City)

, Florida

32801

(Zip code)

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.

(Registered agent's signature)

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2024 FEB 12 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

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:  
☒ Manager              Name: GASPAR JIMENEZ  
☐ Member              Address: 409 W Front St, Ste 100-169  
☐ Authorized              Hutto, TX 78634  
Person  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
☒ Manager              Name: QUINTIN GARZA  
☐ Member              Address: 409 W Front St, Ste 100-169  
☐ Authorized              Hutto, TX 78634  
Person  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager              Name: TINA LEBLANC  
☐ Member              Address: 409 W Front St, Ste 100-169  
☐ Authorized              Hutto, TX 78634  
Person  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_  
☐ Member              Address: \_\_\_\_\_  
☐ Authorized              \_\_\_\_\_  
Person  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_  
☐ Member              Address: \_\_\_\_\_  
☐ Authorized              \_\_\_\_\_  
Person  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_  
☐ Member              Address: \_\_\_\_\_  
☐ Authorized              \_\_\_\_\_  
Person  
☐ 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.

Gaspar Jimenez

Signature of an authorized person

GASPAR JIMENEZ

Typed or printed name of signer

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



Jane Nelson  
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 STROS North America LLC (file number 804487458), a Domestic Limited Liability Company (LLC), was filed in this office on March 23, 2022.

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, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State