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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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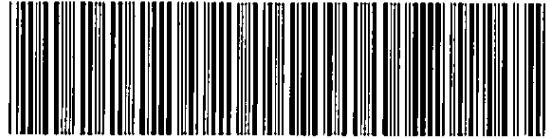
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE

T. LEMIEUX

JUN 18 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Matt Hines Holdings, 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:

Marguerite Broussard

Name of Person

Marguerite Broussard, PC

Firm/Company

511 E. John Carpenter Freeway, Suite 500

Address

Irving, TX 75062

City/State and Zip Code

mbroussard@broussardlawfirm.com

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

For further information concerning this matter, please call:

Marguerite Broussard 972 719-2627  
Name of Contact Person at ( ) 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

Thank you!  
Marguerite Broussard

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. Matt Hines Holdings, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Texas 3. 47-2641393  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1615 W. Irving Blvd. 6. 1615 W. Irving Blvd.  
(Street Address of Principal Office) (Mailing Address)

Irving, Texas 75061 Irving, Texas 75061

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

Name: Arthur R. Schreiber, Jr.  
Office Address: 1317 Edgewater Dr. #1357  
Orlando, Florida 32804  
(City) (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.

(Signature)  
(Registered agent's signature)

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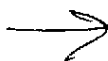
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>       | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>       |
|--|--------------------------------|--|--------------------------------|
| <input type="checkbox"/> Manager               | Name: MRB Corporate Group, LLC | <input type="checkbox"/> Manager               | Name: Matt Hines               |
| <input checked="" type="checkbox"/> Member     | Address: 1615 W. Irving Blvd.  | <input type="checkbox"/> Member                | Address: 1615 W. Irving Blvd.  |
| <input type="checkbox"/> Authorized            | Irving, Texas 75061            | <input checked="" type="checkbox"/> Authorized | Irving, Texas 75061            |
| Person   |                                | Person   |                                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
| <br>   |                                | <br>   |                                |
| <input type="checkbox"/> Manager               | Name: Casey Sneed              | <input type="checkbox"/> Manager               | Name:                          |
| <input type="checkbox"/> Member                | Address: 1615 W. Irving Blvd.  | <input type="checkbox"/> Member                | Address:                       |
| <input checked="" type="checkbox"/> Authorized | Irving, Texas 75061            | <input type="checkbox"/> Authorized            |                                |
| Person   |                                | Person   |                                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
| <br>   |                                | <br>   |                                |
| <input type="checkbox"/> Manager               | Name:                          | <input type="checkbox"/> Manager               | Name:                          |
| <input type="checkbox"/> Member                | Address:                       | <input type="checkbox"/> Member                | Address:                       |
| <input type="checkbox"/> Authorized            |                                | <input type="checkbox"/> Authorized            |                                |
| Person   |                                | Person   |                                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> 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.



Matt Hines

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 Matt Hines Holdings, L.L.C. (file number 802095895), a Domestic Limited Liability Company (LLC), was filed in this office on November 05, 2014.

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 12, 2024.



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

Jane Nelson  
Secretary of State