F24000003895

(Requestor's Name)			
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
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PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	Certificates	s of Status	
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COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	Industry LLC			
JOBOLC 1.	Name	of corporation - ma	ist include suffix	
Dear Sir or M	ladam:			
"Certificate of	l "Application by Foreign Co of Existence," or "Certificate need foreign corporation to to	of Good Standing	" and check are subm	Business in Florida," itted to register the
Please return	all correspondence concerni	ing this matter to the	ne following:	
Adam Cherno)W			
		Name of Pers	on	
Industry LLC				
		Firm/Compan	y	
1321 Valwoo	d Parkway, Suite 600			
	· · · · · ·	Address		
Carrollton, T.	X 75006			
		City/State and Z	ip code	
adam.chernov	w@teamindustry.com			
	E-mail address	s: (to be used for fi	iture annual report no	tification)
For further in	nformation concerning this n	natter, please call:		
Adam Cherno)w	at (214	393-5921	
Nan	ne of Person	Area Code	Daytime Telepho	one Number
Regi Divi The 2415	REET/COURIER ADDRES istration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 81 ahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a Please make o □ \$70.00 Fi	a check for the following am theck payable to: FLORIDA D iling Fee	EPARTMENT OF ng Fee & \$7	STATE 8.75 Filing Fee & entified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Industry LLC	orporation; must include "INCORPORATED," "	COMPANY " "CORPORATION "	
	orp," "Inc," "Co," or "Corp.")	COMPANT. CONTONATION.	
Industry of Flori			
(If name unavaila	ible in Florida, enter alternate corporate name add	opted for the purpose of transacting business i	n Florida)
Texas	3 88	381818025	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
04/11/2022			
(Date	of incorporation) 5	(Date of duration, if other than perpetual)	
	·		,
·	(Date first transacted business in F	louide if avier to requirements	
	(SEE SECTIONS 607.1501 & 607.1502	. F.S., to determine penalty liability)	
1321 Valwood Pa	urkway. Suite 600 Carrollton, TX 75006	. ,	
•	(Principal office	street address)	
PO Box 702727	Dallas, TX 75370	witte	24 JUL
		iddress, if different)	<u> </u>
	(Curent maning a	address, if differently	19
	(0.01)	NOTatable)	P
. Name and stree	et address of Florida registered agent: (P.O. I	30x NOT acceptable)	
Name:	Registered Agents Inc		կ։ 22
	7901 4th St N Ste 300		<i>~</i>
Office Address:			
	St. Petersburg	, Florida 33702	
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS			Todd Beane
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: PO Box 702727	□Vice Chairman	Address: 5804 Red Wolf Ln
Director	Dallas, TX 75370	Director	Plano, TX 75093
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	□Secretary	□Treasurer
Other		Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	□Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	□ Secretary	☐Treasurer
□Other	□Other	□Other	Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departm	ent of State Annual R	ed for reporting purposes only. Non-indexed eport form.
	arguature of Director of	or Officer	

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Adam Chernow, Managing Director

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 Industry LLC (file number 804515746), a Domestic Limited Liability Company (LLC), was filed in this office on April 11, 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 July 16, 2024.



gave Helson

Jane Nelson Secretary of State