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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: SHEPHERD TECHNICAL SERVICES, LLC

Ref. Number: W24000107427

We have received your document for SHEPHERD TECHNICAL SERVICES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 824A00016475

21.11.00

### FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE. FL 32309 (850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

TALLAHASSEE, FL 32309 Please use funds from account: 120210000160: \$130.00 Authorization Signature: fantule **Shepherd Technical Services, LLC Business Name:** Document # Certified Copy X Certificate of Status **NEW FILINGS** & **AMENDMENTS** Amendment Profit Corp \_\_\_Resignation / Dissociation Not for Profit \_\_\_Limited Liability Change of Registered Agent **Revocation of Dissolution** Domestication Merger LLLP Articles of Conversion \_\_\_Corp Amended & Restated Articles of Incorporation Inc Statement of Authority Other **OTHER FILINGS** APOSTILLE(s) & X Foreign Filing Apostille(s) Country(s) Reinstatement Qualification \_\_\_Fictitious Name

**Annual Report** 

EXAMINER'S INITIALS:\_\_\_\_

#### **COVER LETTER**

. . . . . . . . . . . .

Registration Section

TO:

Div	ision of Corporations						
CUDIECT.	Shepherd Technical Services, LLC						
SUBJECT	Name of Limited Liability Company						
			ion to Transact Business in Florida," Certificate o d liability company to transact business in Florida				
Please return	all correspondence concerning this matter	to the following:					
	Michael C. Shepherd						
	Name of Person						
	Shepherd Technical Services, LLC						
	<del></del>	Firm/Company					
	6105 Sierra Leon						
	Address						
	Austin, TX 78759						
		City/State and Zip Code					
	sts@sheptechserv.com						
	E-mail address: (to b	oe used for future annual r	eport notification)				
For further is	nformation concerning this matter, please c	all:					
Mic	chael C. Shepherd	512	970-6789				
	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 Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810				
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DE \$125.00 Filing Fee \$\square \Sigma \$130.00 Filing F Certificate	ee & 🔝 \$155.00 Filin	ng Fee &  \$\Boxed\$ \$160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Nume of Foreign	Limited Liability Company; must include "Li	imited Liability	Company," "L.L.C.," or "LLC.")		_	
f name unavailable, enter alternate n	name adopted for the purpose of transacting business	s in Florida. The	alternate name must include "Limited Lial	oility Company," "L.L.C	," or "LLC.")	
Texas		,				
(Jurisdiction under the law of which foreign limited liability company is organized)			3. (FEI number, it applicable)			
2017						
·	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to d	ior to registration etermine penalty	) liability)			
6105 Sierra Leon		6	SAME			
treet Address of Principal Office)		0,	(Mailing Address)			
Austin, TX 78759						
	·			707		
Name and street addres	s of Florida registered agent: (P.O.	Box <u>NOT</u> a	cceptable)		7 7 7 7	
Name:	Registered Agents Inc			PH 6	) (4)	
Office Address:	7901 4th St N STE 300			6: 01		
Office Address.	0. 0		<del></del>			
	St. Petersburg	_	, Florida 33702			
	(City)		(Zip code)			
legistered agent's accep	tance: gistered agent and to accept service	of neacess	for the above stated limited h	iahility campany	at the place	
esignated in this applica	tion, I hereby accept the appointme	nt as registe	red agent and agree to act in	this capacity. I	further agi	
	ons of all statutes relative to the pro s of my position as registered agent		nplete performance of my du	ities, and I am fa	miliar with	
	David Rooms					
	(Registered a	gent's signature)	<u></u>	<del></del>		

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: Michael C. Shepherd Mei Beth Shepherd □Manager Name: Name: □Manager 6105 Sierra Leon Address: 6105 Sierra Leon XIMember 1 Member
 Member Address: Austin, TX 78759 Austin, TX 78759 Authorized Person Person □Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_ Name: \_\_\_\_\_ □Member Address: □ Member Address: \_\_\_\_\_ □ Authorized □ Authorized Person Person □Other\_\_\_\_ Other\_\_\_\_\_ ☐Other\_\_\_\_ □ Other Name: \_\_\_\_\_ ☐ Manager □ 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.

Typed or printed name of signee

Michael C. Shepherd

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 Shepherd Technical Services, LLC (file number 802657809), a Domestic Limited Liability Company (LLC), was filed in this office on February 23, 2017.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate MEI BETH SHEPHERD as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

6105 SIERRA LEON

AUSTIN, TX - 78759 USA

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 26, 2024.



John Walton

Jane Nelson Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10268 Document: 1385758080003

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