Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709

Filing Fee: \$300



Certificate of Formation Limited Liability Company

Filed in the Office of the Secretary of State of Texas Filing #: 801414164 04/19/2011 Document #: 364650590002 Image Generated Electronically for Web Filing

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

Shackelford & Associates, LLC

Article 2 - Registered Agent and Registered Office

A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

☑B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Rav L Shackelford

C. The business address of the registered agent and the registered office address is:

Street Address:

3241 Ozark Houston TX 77021

Consent of Registered Agent

A. A copy of the consent of registered agent is attached.

OR

☑B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

A. The limited liability company is to be managed by managers.

OR

□B. The limited liability company will not have managers. Management of the company is reserved to the members. The names and addresses of the governing persons are set forth below:

Manager 1: Ray L Shackelford

Title: Manager

Address: 1406 Southmore Blvd Houston TX, USA 77004

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]
Organizer
The name and address of the organizer are set forth below. Ray L Shackelford 1406 Southmore Blvd Houston, TX 77004
Effectiveness of Filing
A. This document becomes effective when the document is filed by the secretary of state.
OR
☑B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is: April 20, 2011
Execution
The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.
Ray L Shackelford

FILING OFFICE COPY

Signature of Organizer

05-102 Compueller of Public (Rev. 1-08/28)

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORTUMEN: 801414164 (To be filed by Corporations and Limited Liability Companies (LLCS))

Taxpayer number 3 2 0 4 4 0 8 4 0 2 Taxpayer name SHACKELFORD & ASSOCIATES, LLC Mailing address	■ Report year	to	review, request, and co.	under Chapter 552 and 559, Government Code, rrect information we have on file about you.
SHÀCKELFORD & ASSOCIATES, LLC Mailing address			, ,	600, or (800) 252-1381, toll free nationwide.
3241 ÖZARK ST				Secretary of State file number or Comptroller file number
City HOUSTON	State TX	ZIP Code 77021	Plus 4 1132	0801414164
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Principal place of business				
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RAY L SHACKELFORD	DIRECTOR		YES	Term
Mailing address 1406 SOUTHMORE BLVD Name	City HOUSTON Title			expiration State ZIP code TX 77004 m m d d y y Term expiration
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Name	Title		Director YES	m m d d y y Term
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Registered agent and registered office currently on fi Agent: RAY L SHACKELFORD	ile. (See instructions if yo	u need to make changes) City	/ \	circle if you need forms to change tered agent or registered office information. State ZIP Code
Office: 3241 OZARK The above information is required by Section 171.203 of the	Tay Code for each corporat	HOUSTON		TX 77021
for Sections A, B, and C, if necessary. The information will be			ny that hes a Texas Franc	nise Tax Report. Ose additional sheets
I declare that the information in this document and any atta mailed to each person named in this report who is an officer				
sign here		Title DIRECTOR	Date 08/06/2012	Area code and phone number (713) 654 - 4115
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Texas Franchise Tax Public Information Report

05-102 16 Police (Rev.9-11/30) To be filed by Corporations , Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

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Texas Franchise Tax Public Information Report

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 $To \ be \ filed \ by \ Corporations \ , Limited \ Liability \ Companies \ (LLC) \ and \ Financial \ Institutions$

This report MUST be signed and filed to satisfy franchise tax requirements

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The above information is required by Section 171.203 of the Tax Code for Sections A, B, and C, if necessary. The information will be available for	•		d liability comp	any that files a Te	xas Franchise Ta	x Report. Use a	additional sheets
I declare that the information in this document and any attachments is t been mailed to each person named in this report who is an officer, direc	true and correc	ct to the best o					
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Texas Franchise Tax Public Information Report

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To be filed by Corporations , Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

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Texas Franchise Tax Public Information Report

Comptroller 05-102 of Public Accounts FORM Today 11

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

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Texas Franchise Tax Public Information Report

Comptroller 05-102 of Public Accounts (Rev.9-11/30) FORM

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

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Registered agent and registered Agent: RAY L SHAC			ently c	n file.	(see in	structio	ns if yo	Lu u need	to ma	ke changes)			circle if you istered ager					form	==== atior
Office: 3241 OZARK				,					Cit	у Н	ous	TON	St	ate T	X	ZI	P Cod	e 021	
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for Sections A, B, and C, if nece I declare that the information									best of	my knowledg	ge and l	belief, as of t	the date belo	w, and	that a	copy o	f this re	port	has
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Texas Franchise Tax Public Information Report

Comptroller 05-102 of Public Accounts FORM Transfer 13

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

■ Taxpayer number						= 1	Report	year		You have	certair	rights ur	nder Chapte	r 552 an	d 559,	Governm	ent Co	ode,
3 2 0 4	4 0	8 4	4 0	2	1	2	2 0	2	1				ect informat 11or (512) 46		nave or	n file abo	ıt you.	•
Taxpayer name SHA	CKEL	FORD	& AS	SOC	ATES	 6. LLC	 :				,	,	, , , , , ,					
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Principal place of busin	ess	THMOF											-					
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Please sign below.	Repo repo office	ort is com ort. There ers, direc	npleted. e is no re ctors, or i	The in quiren manag	formation nent or p ers chan	on is up procedunge thre	odated ure for ougho	annua supple ut the	ally as ement year.	part of the info	franchi	se tax		III BIB II BIB II		B1811 B8118 118	81 11818 11 1	
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RAY L SHACKI	ELFOR	₹D						IRE	сто	R	•	YES	Term expiration				Ĺ	Ĺ
Mailing address 1406 SOUTHM(ORE B	LVD				City			HOL	JSTON			State T	Х	7	ZIP Code 77	004	
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SECTION B Enter the	e inform	ation red	quired f	or eacl	n corpo	ration	or LLC				ntity o							
Name of owned (subsid	diary) cor	poration	or limit	ed liab	ility com	npany		State	of for	mation			S file numb			,		•
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SECTION C Enter the			quired f	or eacl	n corpo	ration	or LLC	, if any	, that	owns an ir	nterest	of 10 pe	rcent or m	ore in t	his en	tity or lir	nited	
Name of owned (paren	t) corpor	ation or	limited l	iability	compar	ny		State	of for	mation		Texas SO	S file numb	er, if an	yPerce	entage o	owne	ership
Registered agent and re Agent: RAY L SH				on file.	(see ins	tructio	ns if yo	u need	to ma	ke changes)	, C		n circle if yo jistered age					nation.
Office: 3241 OZAI									Cit	y F	lous	TON	9	State T	.X	ZIP C	702	.1
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for Sections A, B, and C, if r I declare that the informat	ion in this	documen	nt and any	/ attachi	ments is t	true and	correct	to the										
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