

Form 205
(Revised 01/06)

This space reserved for office use.



**Certificate of Formation
Limited Liability Company**

FILED
In the Office of the
Secretary of State of Texas

FEB 02 2009

Corporations Section

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
Filing Fee: \$300

Article 1 – Entity Name and Type

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

PURE RAIN LLC

The name must contain the words "limited liability company," "limited company," or an abbreviation of one of these phrases.

Article 2 – Registered Agent and Registered Office

(Select and complete either A or B and complete C)

A. The initial registered agent is an organization (cannot be entity 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:

DAVID *M* *SCHRAUB*
First Name M.I. Last Name Suffix

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

194 CARMEN Hill Ln *BASTROP* TX *78602*
Street Address City State Zip Code

Article 3—Governing Authority

(Select and complete either A or B and provide the name and address of each governing person.)

A. The limited liability company will have managers. The name and address of each initial manager are set forth below.

B. The limited liability company will not have managers. The company will be governed by its members, and the name and address of each initial member are set forth below.

NAME OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both.)

IF INDIVIDUAL

DAVID *M* *SCHRAUB*
First Name M.I. Last Name Suffix

OR

IF ORGANIZATION

Organization Name

ADDRESS OF GOVERNING PERSON

194 CARMEN Hill Ln *BASTROP* TX USA *78602*
Street or Mailing Address City State Country Zip Code

RECEIVED

NAME OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both.)

IF INDIVIDUAL

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>

OR

IF ORGANIZATION

Organization Name

ADDRESS OF GOVERNING PERSON

<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

NAME OF GOVERNING PERSON (Enter the name of either an individual or an organization, but not both.)

IF INDIVIDUAL

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>

OR

IF ORGANIZATION

Organization Name

ADDRESS OF GOVERNING PERSON

<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

Article 4 – Purpose

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

Supplemental Provisions/Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer:

DAVID M SCHRAWB

Name

194 CARMEN HILL LN BASTROP

Street or Mailing Address

City

Tx 78602

State Zip Code

Effectiveness of Filing (Select either A, B, or C.)

- A. This document becomes effective when the document is filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 02/02/09

Signature of organizer

TEXAS SECRETARY of STATE HOPE ANDRADE

[UCC](#) | [Business Organizations](#) | [Trademarks](#) | [Notary](#) | [Account](#) | [Help/Fees](#) | [Briefcase](#) | [Logout](#)

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number: 801081610 Entity Type: Domestic Limited Liability Company (LLC)
 Original Date of Filing: February 2, 2009 Entity Status: In existence
 Formation Date: N/A
 Tax ID: 32038816800 FEIN:
 Duration: Perpetual
 Name: PURE RAIN L.L.C.
 Address: 2210 WHITE HORSE TRAIL
 AUSTIN, TX 78757-4004 USA

<u>REGISTERED AGENT</u>	<u>FILING HISTORY</u>	<u>NAMES</u>	<u>MANAGEMENT</u>	<u>ASSUMED NAMES</u>	<u>ASSOCIATED ENTITIES</u>
Last Update	Name	Title	Address		
January 30, 2011	LAURA PRESSLEY	OWNER	2210 WHITE HORSE TRAIL AUSTIN, TX 78757 USA		

[Order](#) [Return to Search](#)

Instructions:

- To place an order for additional information about a filing press the 'Order' button.

TEXAS SECRETARY of STATE
HOPE ANDRADE

[UCC](#) | [Business Organizations](#) | [Trademarks](#) | [Notary](#) | [Account](#) | [Help/Fees](#) | [Briefcase](#) | [Logout](#)

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number: 801081610 Entity Type: Domestic Limited Liability Company (LLC)

Original Date of Filing: February 2, 2009 Entity Status: In existence

Formation Date: N/A

Tax ID: 32038816800 FEIN:

Duration: Perpetual

Name: PURE RAIN L.L.C.

Address: 2210 WHITE HORSE TRAIL
AUSTIN, TX 78757-4004 USA

<u>REGISTERED AGENT</u>	<u>FILING HISTORY</u>	<u>NAMES</u>	<u>MANAGEMENT</u>	<u>ASSUMED NAMES</u>	<u>ASSOCIATED ENTITIES</u>
Name		Address			Inactive Date
David M Schraub		194 Carmen Hill Lane Bastrop, TX 78602 USA			

[Order](#) [Return to Search](#)

Instructions:

- To place an order for additional information about a filing press the 'Order' button.

**Form 401
(Revised 01/06)**

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: See instructions



**Statement of Change of
Registered Office/Agent**

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

JUL 31 2009

Corporations Section



The name of the entity is:

Pure Rain, LLC

State the name of the entity as currently shown in the records of the secretary of state.

The file number issued to the filing entity by the secretary of state is: 801081610

The registered agent and registered office of the entity as currently shown on the records of the secretary of state are: David M. Schraub

194 Carmen Hill Lane, Bastrop, TX 78602



The certificate of formation or registration is modified to change the registered agent and/or office of the filing entity as follows:

Registered Agent Change

(Complete either A or B, but not both. Also complete C if the address has changed.)

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

OR

B. The new registered agent is an individual resident of the state whose name is:

Laura

Pressley

First Name

M.I.

Last Name

Suffix

Registered Office Change

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

2210 White Horse Trail

Austin

TX 78757

Street Address (No P.O. Box)

City

State Zip Code

The street address of the registered office as stated in this instrument is the same as the registered

agent's business address.

Statement of Approval

The change specified in this statement has been authorized by the entity in the manner required by the BOC or in the manner required by the law governing the filing entity, as applicable.


Effectiveness of the Document

- A. This document becomes effective when the document is filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: July 31, 2009



Signature and title of authorized person (see instructions)



05-102
(Rev. 1-08/28)
Code 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCS))
This report **MUST** be filed to satisfy franchise tax requirements

File Number: 801081610

Taxpayer number Report year
 3 | 2 | 0 | 3 | 8 | 8 | 1 | 6 | 8 | 0 | 0 | 2 | 0 | 1 | 0

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

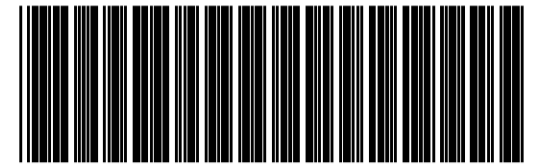
Taxpayer name
PURE RAIN L.L.C.
Mailing address
2210 WHITE HORSE TRAIL
City
AUSTIN

State
TX ZIP Code
78757 Plus 4
4004

Secretary of State file number or
Comptroller file number
0801081610

Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office
Principal place of business



3203881680010

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

SECTION A Name, title and mailing address of each officer, director or member.

Name LAURA PRESSLEY	Title OWNER	Director <input type="checkbox"/> YES	Term expiration m m d d y y	State TX	ZIP code 78757
Mailing address 2210 WHITE HORSE TRAIL	City AUSTIN	Director <input type="checkbox"/> YES	Term expiration m m d d y y	State TX	ZIP code 78757
Name NOT APPLICABLE	Title NOT APPLIC	Director <input type="checkbox"/> YES	Term expiration m m d d y y	State TX	ZIP code 78757
Mailing address	City	Director <input type="checkbox"/> YES	Term expiration m m d d y y	State TX	ZIP code 78757
Name NOT APPLICABLE	Title NOT APPLIC	Director <input type="checkbox"/> YES	Term expiration m m d d y y	State TX	ZIP code 78757
Mailing address	City	Director <input type="checkbox"/> YES	Term expiration m m d d y y	State TX	ZIP code 78757
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y	State TX	ZIP code 78757
Mailing address	City	Director <input type="checkbox"/> YES	Term expiration m m d d y y	State TX	ZIP code 78757

SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
---	--------------------	-------------------------------	-------------------------

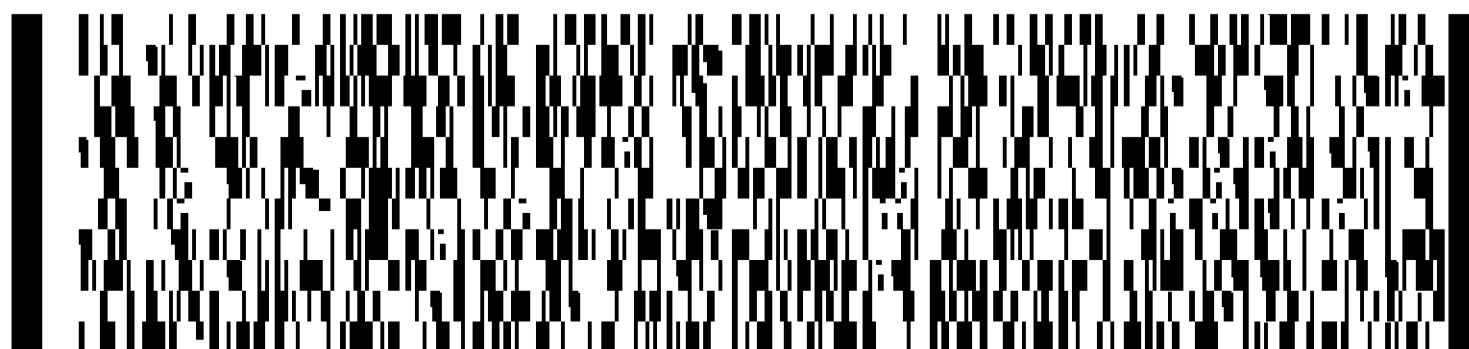
Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: LAURA PRESSLEY Blacken circle if you need forms to change the registered agent or registered office information.
Office: 2210 WHITE HORSE TRAIL City **AUSTIN** State **TX** ZIP Code **78757**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Title **OWNER** Date Area code and phone number **(512) 762 - 3825**



VE/DE PIR IND