

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



**Certificate of Formation  
Limited Liability Company**

Filed in the Office of the  
Secretary of State of Texas  
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**Article 1 - Entity Name and Type**

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

**HD Campaigns LLC**

The name of the entity must contain the words "Limited Liability Company" or "Limited Company," or an accepted abbreviation of such terms. The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.

**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:

**Marc Duchen**

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

Street Address:

**4711 Spicewood Springs Rd. #227 Austin TX 78759**

**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:

Managing Member 1: **Herb Holland**

Title: **Managing Member**

Address: **4711 Spicewood Springs Rd. #227 Austin TX, USA 78759**

Managing Member 2: **Marc Duchen**

Title: **Managing Member**

Address: **4711 Spicewood Springs Rd. #227 Austin TX, USA 78759**

**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.

**Jean Ashford**      **Nolo. 950 Parker St. Berkeley, CA 94710**

**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:

**Execution**

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

**Jean Ashford**

Signature of Organizer

**FILING OFFICE COPY**



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

# Texas Franchise Tax Public Information Report

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

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

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

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 (800) 252-1381 or (512) 463-4600.

3 2 0 4 0 1 4 0 7 5 1

2 0 2 3

Taxpayer name <b>HD CAMPAIGNS LLC</b>		Secretary of State (SOS) file number or Comptroller file number <b>0801160945</b>	
Mailing address <b>4711 SPICEWOOD SPRINGS RD UNIT 227</b>			
City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78759</b>	Plus 4

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

*Please sign below!*

Officer, director and manager 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 managers change throughout the year.



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

3204014075123

Name <b>MARC DUCHEN</b>	Title <b>PRINCIPAL</b>	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>4711 SPICEWOOD SPRINGS RD. #227</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78759</b>
Name <b>MARC DUCHEN</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>4711 SPICEWOOD SPRINGS RD. UNIT 227</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78759</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent 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 10 percent or more in this 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
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Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **MARC DUCHEN**  Blacken circle if you need forms to change the registered agent or registered office information.

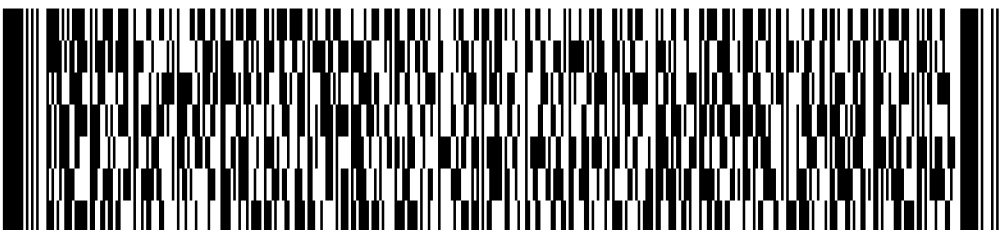
Office: **4711 SPICEWOOD SPRINGS RD. #227** City **AUSTIN** State **TX** ZIP Code **78759**

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 manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here **Marc Duchen** Title **Electronic** Date **05-13-2023** Area code and phone number **( 713 ) 824 - 1266**

**Texas Comptroller Official Use Only**



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