

Form 205
(Revised 05/11)

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



This space reserved for office use.

Certificate of Formation
Limited Liability Company

FILED
 In the Office of the
 Secretary of State of Texas
AUG 14 2018
 Corporations Section

Article 1 – Entity Name and Type

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

Great R Tours, 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

(See instructions. 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:

<u>Christopher</u>	<u>P</u>	<u>Heathman</u>	
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>

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

<u>515 Meadowbrook DR</u>	<u>Arlington</u>	<u>TX</u>	<u>76010</u>
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

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.

GOVERNING PERSON 1			
NAME (Enter the name of either an individual or an organization, but not both.)			
IF INDIVIDUAL			
<u>Rachel</u>		<u>Heathman</u>	
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
OR			
IF ORGANIZATION			
<i>Organization Name</i>			
ADDRESS			
<u>PO Box 2392</u>	<u>Arlington</u>	<u>TX</u>	<u>USA 76004</u>
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Country Zip Code</i>

RECEIVED

Form 205
 JUL 30 2017

GOVERNING PERSON 2				
NAME (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
First Name	M.I.	Last Name	Suffix	
OR				
IF ORGANIZATION				
Organization Name				
ADDRESS				
Street or Mailing Address		City	State	Country Zip Code

GOVERNING PERSON 3				
NAME (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
First Name	M.I.	Last Name	Suffix	
OR				
IF ORGANIZATION				
Organization Name				
ADDRESS				
Street or Mailing Address		City	State	Country Zip Code

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:

Rachel Heathman

Name

PO Box 2392

Street or Mailing Address

Arlington

City

TX 76004

State Zip Code

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

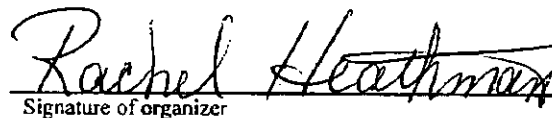
- A. This document becomes effective when the document is filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. This document takes effect upon the occurrence of 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 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 to execute the filing instrument.

Date: 07/26/2018



Signature of organizer

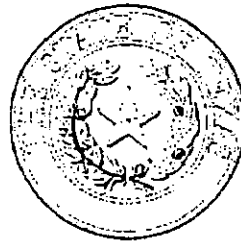
Rachel Heathman

Printed or typed name of organizer

ELISEO "AL" CANTU, JR.
Major, US Army (Retired)
Chairman

THE REV. RICHARD A. McLEON, IV
US Army Veteran
Vice Chairman

J.K. "JAKE" ELLZEY
Commander, US Navy (Retired)
Secretary



DANIEL P. MORAN
Captain, USMC (Retired)
Member

KEVIN BARBER
US Army Veteran
Member

THOMAS P. PALLADINO
Colonel, US Army (Retired)
Executive Director

TEXAS VETERANS COMMISSION

June 5, 2018

Rachel Terrell Heathman
515 Meadowbrook Drive
Arlington, TX 76010

RE: Letter of Verification of Veteran's Honorable Discharge

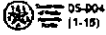
This letter verifies that Rachel Terrell Heathman, has presented proper documentation substantiating her Honorable Discharge from a branch of the United States military. This verification instance is assigned the unique identifier **MBU5166**.

This document to be used for the sole purpose of compliance with Senate Bill (SB) 1049 of the 84th Texas Legislature.

Sincerely,

Christina C Mortel

Christina C Mortel, MBA | Consultant
Veteran Entrepreneur Program
512-660-4199
Christina.mortel@tvc.texas.gov



Certification of New Veteran-Owned Business

A new veteran-owned business must be a Texas entity formed on or after Jan. 1, 2016, and before Jan 1, 2020. It must be 100% owned by an honorably discharged veteran or veterans. All owners must be included on this form.

If you are forming a corporation, limited liability company, limited partnership, limited liability partnership or professional association, you must submit this completed form with the applicable honorably discharged letters issued by the Texas Veterans Commission and the SOS formation documents to:

Texas Secretary of State
P.O. Box 13697
Austin, TX 78711-3697

If you are forming a taxable entity other than a corporation, limited liability company, limited partnership, limited liability partnership or professional association, you must submit this completed form with the applicable honorably discharged letters issued by the Texas Veterans Commission and a Texas Business Questionnaire (Form AP-224) to:

Comptroller of Public Accounts
P.O. Box 149348
Austin, TX 78714-9348

Entity name (Same as Article 1 on the Secretary of State formation documents OR Form 1 on the Texas Business Questionnaire, Form AP-224)

GREAT R TOURS, LLC

By signing below, I/we certify that this new veteran-owned business is 100% owned by (an) honorably discharged veteran(s). I/We certify that if at any time there is a change in ownership, I/we will provide this information to the Texas Comptroller of Public Accounts.

Owner's printed name	Unique ID from Texas Veterans Commission	Percentage of ownership
RACHEL TERRELL HEATHMAN	MBU5166	100 %
<i>sign here</i>		
Owner's printed name	Unique ID from Texas Veterans Commission	Percentage of ownership %
<i>sign here</i>		
Owner's printed name	Unique ID from Texas Veterans Commission	Percentage of ownership %
<i>sign here</i>		
Owner's printed name	Unique ID from Texas Veterans Commission	Percentage of ownership %
<i>sign here</i>		
Owner's printed name	Unique ID from Texas Veterans Commission	Percentage of ownership %
<i>sign here</i>		
Owner's printed name	Unique ID from Texas Veterans Commission	Percentage of ownership %
<i>sign here</i>		
Owner's printed name	Unique ID from Texas Veterans Commission	Percentage of ownership %
<i>sign here</i>		
Total percentage of ownership shown on this page only <i>(The combined percentage from this and all other pages must equal 100%.)</i>		%

- ATTACH ADDITIONAL SHEETS IF NECESSARY -

For assistance, contact us at 1-800-531-5441, ext. 3-4402.

Under Ch. 559, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions, in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the appropriate address shown on this form.