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(((H20000177439 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company 135 MONTGOMERY LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

(Name of Foreign	Limited Liability Company, must include "Limited I	libritry Company, "L.L.C.," or "LLC.")	
Texas	name adopted for the purpose of transacting business in Flori	46-3689159	ability Coorpeay," "LLC," or "LLC."
(furlsdiction under the law of	which foreign limited liability company is organized)	3(PEI numb	er if epplicable)
6/5/2020			
	(Date first transacted business in Florida, if prior to reg (See sections 603.0904 & 603.0905, F.S. to determine	stration.) peculty liability)	
850 Quail Rise		850 Quali Rise	
et Address of Principal Office)	The second secon	6. (Mailing Address)	
Fairview, TX 75069		Fairview, TX 75069	
· · · · · · · · · · · · · · · · · · ·			
	ss of Florida registered agent: (P.O. Box) Capitol Corporate Services, Inc.	NOT acceptable)	
Name and street address: Name: Office Address:		NOT acceptable)	
Name:	Capitol Corporate Services, Inc.	NOT acceptable)	
Name:	Capitol Corporate Services, Inc. 515 East Park Avenue, 2nd Floor		
Name: Office Address: sglatered agent's acceptiving been named as religionated in this applicationally with the provisionally with the provisionally with the provisionally with the second sec	Capitol Corporate Services, Inc. 515 East Park Avenue, 2nd Floor Tallahasee	32301 , Florida (Zip code) rcess for the above stated limited egistered agent and agree to act i	in this capacity. I further
Name: Office Address: egistered agent's acceptiving been named as resignated in this applications on the provision of the provision with the provision of the p	Capitol Corporate Services, Inc. 515 East Park Avenue, 2nd Floor Tallahasee (City) prance: egistered agent and to accept service of prontion, I hereby accept the appointment as relons of all statutes relative to the proper at as of my position as registered agent. V. Allek Kim	32301 , Florida (Zip code) rcess for the above stated limited egistered agent and agree to act i	in this capacity. I further cluties, and I am familiar w alf

☐ Manager

Member

□ Authorized

Person

☐Other_

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]: Name and Address: Title or Capacity: Name and Address: Title or Canacity: Stuart Lloyd □ Manager ☐ Manager 850 Quail Rise Address: ______ Member Address: □Mcmber Fairview, TX 75089 □ Authorized □ Authorized Person Person □ Other_ ☐Other_ Other_ Kimberli Lloyd Name: ☐Manager Name: ☐ Manager 850 Quall Rise Member Address: ☐Member Address: Fairview, TX 75069 ☐ Authorized □ Authorized Person Person □Other____ □Other_ □Other_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

Name:

Address:

Other____

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)

□Manager

☐ Member

□ Authorized

Person

Other_

Name: ___

Address:

Other_____

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.

Stuart Lloyd

Typed or printed name of signer

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Socretary of State

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 135 Montgomery LLC (file number 801851753), a Domestic Limited Liability Company (LLC), was filed in this office on September 17, 2013.

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

Wall The big to the

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 June 10, 2020.



Ruth R. Hughs Secretary of State

Dial: 7-1-1 for Relay Services Document: 975610080003