Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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الم الم الما	To:	Division of Corporations		7 TIT 5
SS ≰		Fax Number : (850) 617-6383	4	8 9.
TALL AH	From:	Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017 Phone : (855)498-5500		7: 00

: (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.

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Foreign Limited Liability Company TALLEY CULEBRA 2017, LLC

Certificate of Status	0
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Page Count	05
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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	Talley Culebra 2017, LLC				
		of Limited Liability Company			
		Company for Authorization to Transact Business in Floring referenced foreign limited liability company to transact b			
Please	return all correspondence concerning this matter to	the following:			
	M. C. Cottingham Miles				
		Name of Person	_		
	Martin & Drought, P.C.				
		Firm/Company	_		
	112 E. Pecan St., Suite 1616				
	 	Address	_ ~		
	San Antonio, TX 78205		2021 الله 26		
	City/State and Zip Code				
	mcmiles@mdtlaw.com	y ·		75.13	
	E-mail address: (to be	used for future annual report notification)	— PH		
For fu	ther information concerning this matter, please cal	B	7: 00	^⊆∪))	
	M. C. Cottingham (Cottie) Miles	210 220-1354	• –		
	Name of Contact Person	Area Code Daytime Telephone Numbe	1		
	Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP. \$125.00 Filing Fee \$130.00 Filing Fee Certificate o	e & 🗀 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fe			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Talley Culebra 2017, LI					
(Name of Foreign	Limited Liability Company; must include "Limite	xi Liabilit	y Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	lorids. The	alternate name must include "Limited Lizb	rility Company," "L.L.C," or "L	LC.")
Texas		3	61-1843021		
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	٥.	(FEI number	, if applicable)	
4.					
T	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registratio ine penalty	n.) · liability)		
9993 IH 10 West, Suite	: 102		9993 IH 10 West, Suite 102		
5. (Street Address of Principal Office)		6.	(Mailing Address)		
San Antonio, TX 78230			San Antonio, TX 78230		
				021	
				<u>=</u>	刊
7. Name and street addres	s of Florida registered agent: (P.O. Box	TON	acceptable)	. 26	,
			1	P 74	۳
Name:	Capitol Corporate Services, Inc.				
Office Address:	515 E Park Avenue Floor 2				<i>t</i>
	Tallahassee		, Florida		
	(City)		(/ip code)		
designated in this applicate to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent.	is regist	ered agent and agree to act in	this capacity. I furth	er agree
- 5	Taylor Sug	of C	lor Seay, Asst. Sec. on behalf capitol Corporate Services, Inc.	<u>:. </u>	
	(Registered agent's	(១ជាវត្តបាន			

itle or Capacity:	Name and Address: Thomas N. Clark	Title or Capacity:	John John	Name and Address: P. Hooten
Manager	Name: Thomas N. Clark 9993 PH 10 West Suite 102	Manager	000	23 TM 10 West Strike 102
□Mamber	Address: 9993 IH 10 West, Suite 102	Member		TV 79220
□Authorized	San Amonio, TX 78230	☐ Authorized	San Antonio	, TX 78230
Person		Person		
Other	Other	Other	<u></u>	Other
□ Manager	Name:	□Manager	Name:	
□Member	Address:	☐ Member	Address:	
☐ Authorized		□ Authorized.		
Person		Person		
□Other	Other	□ Other	<u> </u>	□Other 2021 JUL
□Manager	Name:	. Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		7.7.0
Person		Person		00
□Other	Other			Other
9. Attached is a co- jurisdiction under	Use an attachment to report more than six (this may be added to the index when filing your entificate of existence, no more than 90 days the law of which it is organized. (If the certimat be submitted)	old duby surbenticated by the	se official hav	ing custody of records in t

no of an authorized person

Typed or pristed name of signee

Thomas N. Clark, Manager

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



Jose A. Esparza Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Talley Culebra 2017, LLC (file number 802695534), a Domestic Limited Liability Company (LLC), was filed in this office on April 11, 2017.

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

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 July 23, 2021.

HE OF YAR

Jose A. Esparza Deputy Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/
Phone: (512) 463-5555 Fax: (512) 463-5709
Prepared by: SOS-WEB TID: 10264

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