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(Re	questor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	205 Exclusive Group LLC		 _
	Name	e of Limited Liability Company	•
The enclosed Existence, and	"Application by Foreign Limited Liability (d check are submitted to register the above to	Company for Authorization to Tran referenced foreign limited liability of	sact Business in Florida," Certificate of company to transact business in Florida.
Please return	all correspondence concerning this matter to	o the following:	
	Tammie N Brown		
		Name of Person	
	205 Exclusive Group LLC		
		Firm/Company	
	102 S Goliad St, Suite 108		
		Address	
	Rockwall, Texas 75087		•
	C	ity/State and Zip Code	
	tammic.mccoy@mottomortgage.com		
	E-mail address: (to be	used for future annual report notifi	ication)
For further in	formation concerning this matter, please cal	n:	·
Tam	nmie N Brown	254 449-4707	
	Name of Contact Person	Area Code Daytii	me Telephone Number
Reg Div P.O	ling Address: distration Section dision of Corporations dispersion Box 6327 dahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee ·
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEP 125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The a	itemate name must include "Limited L	iahilita Company	, " " I C	" or "I [()
	and a paper of a management of	orros. The b	merimic pathe thus meriode Cilifico L	monny company	. L.L.C.	, or LLC
Texas		3	,			
(Jurisdiction under the law of v	which foreign limited liability company is organized)		(FEI num)	per, if applicable)	j	
11/22/2021						
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ·	; ;	20	
	(See vections 603.0904 & 603.0903, F.S. to determ	ine penaity i	inotitty)		211	
102 S Goliad St			12838 W Hemingway Dr		2021 DEC	
treet Address of Principal Office)		0	(Mailing Address)		-55	
Suite 108		9	San Fernando, CA 91340			
					===	
Rockwall, Texas 7508	7				5	<u>-</u> -*
	<u> </u>	-		*1	57	
			3 r			- -
Name and street address	ss of Florida registered agent: (P.O. Box	NOT ac	cceptable)			
	Fredrick A Fluker					
Name:		<u> </u>				
	917 OakManor Circle					
Office Address:						
	Orlando		32825			
			, Florida			

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Fredrick A Styker
(Registered agent's signature)

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Tammie N Brown	≅ Manager	Name: Fredrick A Fluker
□Member	Address: 1593 Edmondson Dr	□Member	Address: 1107 Hawk Trail
□Authorized	Rockwall, TX 75087	□Authorized	Copperas Cove, TX 76522
Person		Person	
Other	Other	Other	
			71 DEC
□Manager	Name:	□Manager	Name: Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	72 T
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
J		_	
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	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.

- 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)
- 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.

Signature of an authorized person

Tammie N Brown



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 205 Exclusive Group, LLC (file number 804055902), a Domestic Limited Liability Company (LLC), was filed in this office on May 06, 2021.

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

Delayed Effective date: May 07, 2021

It is further certified that our records indicate TAMMIE N. BROWN as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

102 S. GOLIAD ST., SUITE 108

ROCKWALL, TX - 75087 USA

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 December 13, 2021.



John B. Scott Secretary of State

TID: 10268