

9/11/2019

Division of Corporations

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To: Division of Corporations Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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 5821 San Juan Avenue, LLC

Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (1), Page Count (04), Estimated Charge (\$155.00)

2019 SEP 11 PM 10:11

2019 SEP 11 PM 1:46

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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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 5821 San Juan Avenue, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Texas 3. 84-2753506
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 1, 2019
(Date first transacted business in Florida, if prior to registration. See sections 605.0901 & 605.0905, F.S. to determine penalty liability.)

5. 630 E. Broadway St. 6. 101 Washington Avenue Avenue, PMB 1-11
(Street Address of Principal Office) (Mailing Address)
Prosper, Texas 75078 Grand Haven, Michigan 49417

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(City) (Zip code)

2019 SEP 11 PM 1:46

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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.

By: C T Corporation System James M. Halpin Assistant Secretary
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Mark Kenney</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Justin Richards</u>
<input type="checkbox"/> Member	Address: <u>6673 Doonbeg Drive</u>	<input type="checkbox"/> Member	Address: <u>101 Washington Ave.,</u>
<input type="checkbox"/> Authorized Person	<u>Frisco, Texas 75035</u>	<input type="checkbox"/> Authorized Person	<u>PMB 144, Grand Haven, Michigan</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input checked="" type="checkbox"/> Manager	Name: <u>Aaron Lenartz</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: <u>101 Washington Ave.,</u>
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	<u>PMB 144, Grand Haven, Michigan</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<u>49417</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

2019 SEP 11 PM 1:45

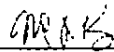
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 _____ as provided for in s.817.155, F.S.

Signature of an authorized person

Mark Kenney



Type or printed name of signer

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



Ruth R. Hughs
Secretary 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 5821 San Juan Avenue, LLC (file number 803393979), a Domestic Limited Liability Company (LLC), was filed in this office on August 14, 2019.

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 September 11, 2019.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State