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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only



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ALLAHASSEF E STAR

COVER LETTER

| | tration Section ion of Corpora | | | | | |
|--|-----------------------------------|---|----------|--|--|--|
| SUBJECT: | Christian Shar | e Properties LLC | | | | |
| SOBSECT. | | Name of corporati | on - mu | st include suffix | | |
| Dear Sir or M | ladam: | | | | | |
| "Certificate o | f Existence," o | by Foreign Corporation for "Certificate of Good Str rporation to transact busing | anding' | and check are sub | | |
| Please return | all correspond | ence concerning this matt | er to th | e following: | | |
| Adam Stahura | | | | | | |
| | <u>.</u> | Name o | f Perso | n | | |
| Christian Shan | e Properties | | | | | |
| | | Firm/Co | mpany | | | |
| 2125 Saint Ch. | arles Avenue | | | | | |
| | | Ado | iress | | | |
| New Orleans, | LA 70130 | | | | | |
| | | City/State | and Zi | p code | · · · | |
| adam@christia | | | | | | |
| | Ī | E-mail address: (to be used | d for fu | ture annual report n | otification) | |
| For further in | formation con | cerning this matter, please | call: | | | |
| Alaina Galvin | | at (⁵⁰⁴ |) 3. | 3-4622 | | |
| Nam | e of Person | Area Co | ode | Daytime Telepl | none Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| | eck payable to: | following amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status | □ \$78 | STATE .75 Filing Fee & rtified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

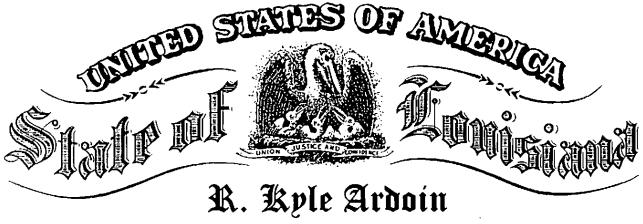
| 'Inc.," "Co.," "C | orp," "Inc," "Co," or "Corp.") | | | | | |
|-------------------------------------|--|---|-------------------------------|--|--|--|
| (If name unavait | oble in Florida, enter alternate corporate nam | e adopted for the numose of transa | eting husiness in Florida) | | | |
| Louisiana | unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) aa 87 2351380 | | | | | |
| | y under the law of which it is incorporated) | (FEI number, if applicable) | | | | |
| 8/25/202 £ | • | | | | | |
| | of incorporation) | (Date of duration, if other than perpetual) | | | | |
| | | | | | | |
| ******* | (Date first transacted business (SEE SECTIONS 607.1501 & 607. | in Florida, if prior to registration) 1502, F.S., to determine penalty lia | | | | |
| 2125 | Saint Charles | Alence New C | Mans LA 701 | | | |
| | (Principal o | Avenue, New C | | | | |
| | | | | | | |
| | (Current mail | ling address, if different) | - | | | |
| | | | | | | |
| Name and stree | et address of Florida registered agent: (P | O. Box NOT acceptable) | | | | |
| Name: | Registered Agents Inc (Brett Havre) | | 75 h | | | |
| ffice Address: | 7901 4th St. N Ste 300 | | | | | |
| | St. Petersburg | 33702 | | | | |
| | (City) | , Florida (Zip code) | | | | |
| B 1 | | | | | | |
| | ent's acceptance: ed as registered agent and to accept ser | vice of process for the above st | ated cornoration at the plan | | | |
| signated in this | application, I hereby accept the appoin | tment as registered agent and o | agree to act incuhis capacity | | | |
| rther agree to c d I am familiar | omply with the provisions of all statutes with and accept the obligations of my p | relative to the proper and com position as revistered avent | plete performance of my di | | | |
| . , | with and accept the vongations of my p | t | | | | |
| | R.O. | V | | | | |
| _ | Jec 1 | are | | | | |
| | | | | | | |

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

| A. DIRECTORS | | | | | | | |
|---|-----------------|--|--|--|--|--|--|
| OChairman Name: Christian Galvin | □Chairman | Name: Michael Galvin | | | | | |
| Ovice Chairman Address: 1706 Jackson Ave | □Vice Chairman | Address: 24607 Oak Island 1 | | | | | |
| Director Now Orleans, LA 70130 | □Director | A STATE OF THE STA | | | | | |
| President | □President | Pass Christian, MS 3957 | | | | | |
| □ Vice President | □Vice President | | | | | | |
| □ Secretary □ Treasurer | ☐ Secretary | Treasurer | | | | | |
| □Other | □Other | Other | | | | | |
| Chairman Name: Adam Stihura | □ Chairman | Name: | | | | | |
| Uvice Chairman Address: Gol Henry Clay Apt 106 | □Vice Chairman | Address: | | | | | |
| Director New Cyleans, LA 70118 | □Director | | | | | | |
| □ President | □President | | | | | | |
| □Vice President | □Vice President | | | | | | |
| ☐ Secretary ☐ Treasurer | ☐ Secretary | Treasurer | | | | | |
| □Other | Other | Other | | | | | |
| Ochairman Name: Bill Havre | □Chairman | Name: | | | | | |
| OVice Chairman Address: 7901 4th St N | □Vice Chairman | Address: | | | | | |
| Director Ste 300 | □Director | | | | | | |
| President St Petersburg, FL 33702 | □President | | | | | | |
| □Vice President | □Vice President | | | | | | |
| Secretary | □Secretary | □Treasurer | | | | | |
| 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. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or | | | | | | | |
| she is aware that 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. | | | | | | | |
| Christian Galvin, | Presid | dent | | | | | |



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

CHRISTIAN SHANE PROPERTIES, LLC

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on August 25, 2021,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 26, 2022

L. 12 162 Secretary of State

Web 44567021F



Certificate ID: 11561778#B4P83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov