# M14000004aa

| (Re                     | questor's Name)     |                    |
|-------------------------|---------------------|--------------------|
| (Ad                     | dress)              |                    |
| (Add                    | dress)              |                    |
| (City                   | y/State/Zip/Phone i | <del>'</del><br>#) |
| PICK-UP                 | ☐ WAIT              | MAIL               |
| (Bu                     | siness Entity Name  | e)                 |
| (Do                     | cument Number)      |                    |
| Certified Copies        | _ Certificates of   | of Status          |
| Special Instructions to | Filing Officer:     |                    |
|                         |                     | į                  |
|                         |                     |                    |
|                         |                     |                    |

Office Use Only



400261031564

06/03/14--01023--014 \*\*125.00

14 JUN -9 PH 4: 06
SECRETATION STATE
TAIL ARASSES FLOORS

JUN 162014 Sandina CONLEY RÖSENBERG MENDEZ &

BRENNEISE, LLP

A Registered Limited Liability Partnership Of Professional Corporations

5080 Spectrum Drive, Suite 850 E Addison, Texas 75001-6431 Phillip J. Conley Jay M. Rosenberg Michelle A. Mendez Craig S. Brenneise Kelly E. Kleist

Telephone: 972.364.9700 Facsimile: 972.239.2244 Email: csb@crmb-law.com Web: www.crmb-law.com

June 4, 2014

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Application by Foreign Limited Liability Company and Authorization to Transact Business in Florida.

Ladies and Gentlemen:

Please see the enclosed application to transact business in Florida. Also, please find our firm's check in the amount of \$125.00 to cover filing fees.

Thank you for time and assistance.

Very truly yours,

Conley Rosenberg Mende & Brenneise, LLP

 $\mathbf{R}_{\mathbf{V}}$ 

Aurora Cuella

Paralegal to Craig S. Brenneise

14 JUN -9 PN 4: 06

#### **COVER LETTER**

|                   | OAR Properties S     |  |                                      |                   |   |
|-------------------|----------------------|--|--------------------------------------|-------------------|---|
|                   |                      | Name of Limit                                | ed Liability Company                 |                   |   |
|                   |                      |  |                                      |                   | Business in Florida," Certificate of<br>any to transact business in Florida |
| Please return al  | l correspondence cor | ncerning this matter to the                  | e following:                         |                   |   |
|                   | Peter Carrell        |  |                                      |                   |   |
|                   |                      | 7  | Varne of Person                      |                   |   |
|                   | Peter M. Carr        | ell CPA                                      |                                      |                   |   |
|                   | 1 CtC1 111, Cu11     | <del></del>                                  | Firm/Company                         |                   |   |
|                   |                      |  |                                      |                   | 至6  |
|                   | 115 S. Kentud        | cky St.                                      |                                      |                   | ES = T  |
|                   |                      |  | Address                              |                   | 三 美元  |
|                   |                      |  |                                      |                   | 2882 6 PE   |
|                   | McKinney, T          | exas 75069                                   |                                      |                   | Miss a U  |
|                   |                      |  | State and Zip Code                   |                   |   |
|                   |                      |  |                                      |                   |   |
|                   | pete@carr            | ellandcompany.com E-mail address: (to be use | 16-64                                |                   | <u> </u>  |
|                   |                      | E-mail address: (to be use                   | d for future annual rep              | ort notification) | •   |
| For further infor | rmation concerning t | his matter, please call:                     |                                      |                   |   |
|                   |                      |  |                                      |                   |   |
| Pete              | r Carrell            |  | at ( 972                             | ) 542-8889        |   |
|                   | Name of C            | Contact Person                               | Area Code                            | Daytime T         | elephone Number   |
| MAIL              | ING ADDRESS:         | STRE   | ET ADDRESS:                          |                   |   |
|                   | on of Corporations   |  | on of Corporations                   |                   |   |
| Registr           | ration Section       |  | ration Section                       |                   |   |
|                   | ox 6327              |  | Building                             |                   |   |
| Tallaha           | assee, FL 32314      |  | Executive Center Circussee, FL 32301 | ole               |   |
|                   |                      |  |                                      |                   |   |
|                   | 1 1 2 .1 2 .         |  |                                      |                   |   |
|                   | check for the fol    | lowing amount:                               | □ \$155.00 Filing                    | . டு. இ. இ. இ.    | 60.00 Filing Fee, Certificate   |

## 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. DAR Prope                                      | rties Six, LLC  |  |   |                             | <del></del>             |
|---|---|--|---|-----------------------------|-------------------------|
| (Name o   | of Foreign Limited Liability Company; mu  | st include "Limit                            | ed Liability Company," "I                                       | L.L.C.," or "LLC.")         |                         |
|   | . It a  |  | La companya da mana   | ltamata a ama must ins      | luda "Limitad           |
| (If name unavailable, Liability Company," '       | enter alternate name adopted for the purpor<br>'L.L.C," or "LLC.")                              | se of transacting                            | ousiness in Florida, The a                                      | itemate name must inc       | iude Limited            |
| 2. Texas  |   | 3.   | 46-5721812  |                             |                         |
| (Jurisdiction under company is organi             | the law of which foreign limited liability ized)  |  | (FEI number   | , if applicable)            |                         |
| 4.  | N/A   |  |   |                             |                         |
|   | (Date first transacted busin<br>(See sections 605.0904 & 609                                    | ness in Florida, it<br>5.0905, F.S. to de    | prior to registration.)<br>termine penalty liability)           |                             |                         |
| 5. <u>14001 Dalla</u>                             | as Parkway, Suite 1220, Dallas, T   | exas 75240                                   |   |                             |                         |
|   | (Street /   | Address of Princi                            | pal Office)   |                             |                         |
| 6. 14001 Dalla                                    | s Parkway, Suite 1220, Dallas, To   |  |   |                             |                         |
|   |   | ,  |   |                             |                         |
| <del></del>                                       |   | (Mailing Addres                              | s)  |                             |                         |
| 7. The name, ti                                   | tle or capacity and address of the  | e person(s) w                                | ho has/have author  | ity to manage is/e          | ıre:                    |
|   | . ,   | •  |   |                             |                         |
| Issam Darwish                                     | , President, 14001 Dallas Parkwa  | y, Suite 1220                                | , Dallas, Texas 7524  | 10                          |                         |
| Mohamad Dai                                       | wish, Vice President, 14001 Dal   | las Parkway,                                 | Suite 1220, Dallas, '   | Texas 75240                 |                         |
|   |   |  |   |                             |                         |
|   | ·   |  |   |                             |                         |
|   | original certificate of existence   |  |   |                             |                         |
|   | of records in the jurisdiction und  |  |   |                             |                         |
|   | c certificate is in a foreign langua  | age, a transla                               | tion of the certificat  | te under oath of t          | he translator           |
| must be submitte                                  | ed)   | 1 1  |   |                             |                         |
|   |   |  | _   |                             |                         |
|   |   | - July                                       |   |                             | <b>_</b>                |
|   | Signature   | of an autho                                  | ized person   |                             | stated basels are torre |
| (In accordance with sect am aware that any false) | ion 605.0203, F.S., the execution of this document formation submitted in a document to the Dep | ent constitutes an a<br>partment of State co | firmation under the penalties<br>nstitutes a third degree felon | y as provided for in \$.817 | .155.F.S.)              |
|   | I   | ssam Darwis                                  | h   |                             | 6                       |
|   | Typed or p  | rinted name                                  | of signce   |                             | 글 급                     |
|   |   |  |   | <u> </u>                    | promp<br>prof<br>g g    |
|   |   |  |   |                             | 00                      |

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

|  | pany is:  |   |
|--|---|---|
| DAR Properties Six, LLC  |   |   |
| If unavailable, the alternate to be used in the  | e state of Florida is:  |   |
| 2. The name and the Florida street address of  | of the registered agent and office are:   | - |
| CT Corporation System  | m   |   |
|  | (Name)  |   |
| 1200 South Pine Island<br>Florida Street Add   | d Road<br>dress (P.O. Box NOT ACCEPTABLE)   |   |
| Plan   | ntation, FL 33324<br>City/State/Zip   |   |
| liability company at the place designated in the registered agent and agree to act in this capa statutes relating to the proper and complete paccept the obligations of my position as registed. | to accept service of process for the above stated limited<br>this certificate, I hereby accept the appointment as<br>facity. I further agree to comply with the provisions of al<br>performance of my duties, and I am familiar with and<br>istered agent as provided for in Chapter 605, Florida |   |
| Statutes.  |   |   |
| Statutes.  | Jenifer Vincent   |   |
| Statutes.  Joseph Uncent   | Vice President & Assistant Secretary  |   |

Nandita Berry Secretary of State



### Office of the Secretary of State

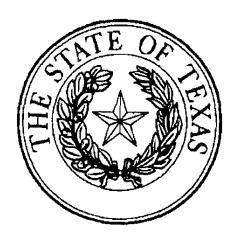
#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for DAR Properties Six, LLC (file number 801989222), a Domestic Limited Liability Company (LLC), was filed in this office on May 13, 2014.

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 June 02, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Dial: 7-1-1 for Relay Services Document: 547111910003