## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC. Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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### Foreign Limited Liability Company CSW PROPERTY INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING ZÉZEBNITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CSIM DDODEDTY	'INVESTMENTS LLC	<del>-</del> `	
(Name of Foreign	Limited Liability Company; must include "Limit	ted Liability Company," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate re	nine adopted for the purpose of transacting business in $\Gamma$		thty Company," "L.L.C," or "LLC.")
<sub>2.</sub> Wyoming		3. 82-5246316	or, it applicable)
(Jurisdiction under the law of wh	sich foreign limited hability company is organized)	· (FE) nume	x, ii applicanie)
4. N/A			
	(Date first transacted husiness in Florids, if prior to (See sections 605 0904 & 605,0905, F.S. to deter-	mine penalty hability)	
<sub>5.</sub> 3030 N. Rocky Pe		6. 3030 N. Rocky Point	Dr.
(Street Address of )	Pancipal (Olice)	STE 150A	es()
STE 150A	7	Tampa, FL 33607	
Tampa, FL 33607		Tampa, 1 E 33007	· 60
	CEL 11 is issued a sum (D.O. Po	NOT apportable)	PR
7. Name and street address	ss of Florida registered agent: (P.O. Bo	ox MOT acceptance	2 × N
Name:	Registered Agents Inc.		წ. <b>წ</b>
Office Address:	3030 N. Rocky Point Dr. ST	E 150A	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tampa	33607	
	(City)	Florida 33607	
Registered agent's accep	tance:		
Having been named as re	egistered agent and to accept service of tion, I hereby accept the appointment	f process for the above stated amuca as registered vicent and agree to act	in this canacity. I further agree
aesignatea in this appuca to comply with the provis	ions of all statutes relative to the prop	er and complete performance of my	duties, and I am familiar with
and accept the obligation	s of my position as registered agent.		
	Bull		
	(Registered agent	('a signature)	
8. The name, title or cap	acity and address of the person(s) who	has/have authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	Shantell Boyd		
	3030 N. Rocky Point Dr. Ste 150A		
	Tampa, FL 33607	<del></del>	<del></del>
(Use attachments if neces	ssary)		
9. Attached is a certificate	e of existence, no more than 90 days old	d, duly authenticated by the official ha	iving custody of records in the
jurisdiction under the law	of which it is organized. (If the certific	cate is in a foreign language, a translat	ion of the certificate under oath
of the translator must be s	submitted)	440	
10. This document is exec	cuted in accordance with section 605.02	203 (1) (b), Florida Statutes, I am awai	re that any false information
submitted in a document t	o the Department of State constitutes a	third degree felony as provided for in	s.817.155, F.S.
		They tome !!	
	Signat	tire of an authorized person	
	Diloy Park		
	Riley Park	d or printed name of signee	<del></del>

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### **CSW PROPERTY INVESTMENTS LLC**

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on April 18, 2018, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2018-000799363.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of April, 2018 at 9:40 AM. This certificate is assigned 026296733.

Showe A. Bulman

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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.