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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporation	3			
SUBJECT: M. Maho.	Page Aty Gaz Name of	Limited Liability Company		
The enclosed "Application by Fore Existence, and check are submitted	ign Limited Liability Comp to register the above refer	pany for Authorization to Treenced foreign limited liabili	ransact Business in Florida." Only company to transact busine	Certificate of ss in Florida.
Please return all correspondence co	oncerning this matter to the	following:		
	Jee Bro	ame of Person		
	N	ame of Person		
	Joe Brune	a CPA		
	F	irm/Company		
2	311 Antuna	raks Trail		
A	Linglow. T	X 7C006	A	
	City/S	tate and Zip Code	C A	
J	Family Address Trake user	d for future annual report no	HAS S	FIL BUZ
		a tor ratare annual report to	ان (unication)	<u>ω</u> μ.
For further information concerning	this matter, please call:		FLO.	₹ 0
Joe BRU	Ve R Contact Person	at (8/2) Area Code Da	37-//44 B	6: 31
	Contact Person	Area Code Da	ytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registra Clifton E 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	
Enclosed is a check for the following \$125.00 Filing Fee	ng amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee. Cert of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION IN FLORIDA	T BUSINESS
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. L COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	IMITED LIABILITY
1	
(Name of Poreign Limited Elability Company, ""LL. 12235 T. / long has t Clark (It name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Elability Company," "LL.	C." or "L. C.")
2. Texas (Jurisdiction under the law of which foreign limited liability company is organized) (Fill number, if applicable)	
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 12235 Tilling 6.157 Cincle 6. (Making Address)	
5. 12235 Tilling 4.15t Cincle 6. (Marling Address) Palm Beach Canders, 1-L 33418	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Sarah McMahex	i i i i i i i i i i i i i i i i i i i
Office Address: 12235 T. Il'nghast Crade Palm Benh Ganters. Florida 33418 (Ciny)	
Palm Bench Ganders, Florida 33 418 (Zip code)	# 글
Having been named as registered agent and to accept service of process for the above stated limited liability comp designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacito comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I at and accept the obligations of my position as registered agent. (Registered agent's signature)	y. 1 / mg
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: <u>Title or Capacity:</u> Name and Address: <u>Title or Capacity:</u> Name and	Address:
menber Saesh Minhad	
Palm Beach Gaulers F 3418	
Palm Birch Consider FL 33468	
(Use attachments if necessary)	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the cert of the translator must be submitted)	of records in the difficate under oath
10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any fall submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.	se information S.
Signature of an authorized person	
1 Randon	
Typed or printed name of signee	

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



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 McMahon Property Group, LLC (file number 801095999), a Domestic Limited Liability Company (LLC), was filed in this office on March 09, 2009.

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 October 19, 2018.





Rolando B. Pablos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB TID: 10264

Dial: 7-1-1 for Relay Services Document: 843958000003

Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709