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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

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2.		(CORPORATE NAME AND DOCUMENT	· #)					
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SPI	SPECIAL INSTRUCTIONS:							

## 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 TAMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

purpose of transacting business in Florida.	The alternate name must	include "Emuted Liability Co	empany," "L. l, C,	or "L1.C."
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insacted business in Florida, if prior to regis 605,0904 & 605,0905, F.S. to determine po	tration.) enalty liability)		-	
	6	(Mailing Address)		
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egistered agent: (P.O. Box No.	<u>OT</u> acceptable)		·	019 AUG
Agent Solutions, Inc.			• <del>-</del>	3 22
Plaza Dr. Suite A	<del></del>		:	AH III:
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	registered agent: (P.O. Box No. Agent Solutions, Inc.	hability company is organized)  resolved business in Florida, if prior to registration.) 605.0904 & 605.0905, F.S. to determine penalty liability.)  6	hability company is organized)  3	registered agent: (P.O. Box NOT acceptable)  Agent Solutions, Inc.

#### 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.

(Repatered 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Five Takers Properties, LLC Manager Manager Name: Address: \_\_\_\_3500 Maple Avenue Member Address: ■ Member **Suite 1600** Authorized ☐ Authorized Dallas, TX 75219 Person Person Other Other Other Other Manager Name: \_\_\_\_\_ ☐Manager Name: \_\_\_\_\_ Address: Member | ☐ Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Name: Manager Manager Member Address: \_\_\_\_\_ Address: Member Authorized Authorized Person Person Other\_ Other Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 felony as provided for in s.817,155, F.S. Signature of an authorized person

Typed or printed name of signee

Jesus Araiza

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



#### Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Five Takers Properties Ft Walton 1, LLC (file number 803392475), a Domestic Limited Liability Company (LLC), was filed in this office on August 13, 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 August 16, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 907290950004