Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003063133)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 : (855)498-5500 Fax Number : (800) 432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company 1400 CHAPMAN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

T GHABS

COVER LETTER

	772		CO.	VER LETTER			
	Registration Division of G	Section Corporations					
SURIFC	_ւ 1400) Chapma	n, LLC				
oun, EC.	••			Limited Liability	Company		_
The enclos Existence,	sed "Applic , and check	ntion by Foreign Li are submitted to re	imited Liability Comp gister the above refer	easty for Authoriza enced foreign limi	ation to Transac ted liability con	t Business in Florida apany to transact bus	," Cer inoss i
Please reti	um all corre	spondence concern	ing this matter to the	following:			
			N	ame of Person			<u>-</u>
	Ca	pitol Services	- Corporate Filin	gs Team			
			Fi	mı/Company			
	51	5 East Park Av	enue 2nd Fl				<u> </u>
				Address			_
	Tai	lahassee, FL					10 6192
			•	rate and Zip Code	•		
		brian@pi	nchal-co.co	m		- Com'S	(C)
			il address: (to be use:	i for miture answa	гььоц пописа	(10n)	Fil. 3: 06
For further	r informatio	n concerning this n	natter, please call:				3: D
_				at (855	498 - 550	00	£ .
		Name of Contr	act Person	Area Code	Daytimo	Telephone Number	
D R P	MAILING / Division of C Legistration P.O. Box 632 aliahassee,	Corporations Section 27			STREET AD Division of Co Registration S Clifton Buildu 2661 Executiv Tallahassec, F	orporations ection ng e Center Cirole	
	lease make	· · ·	owing amount: FLORIDA DEPAR'I \$130.00 Filing Fee & Certificate of Sta	\$155.00	TE Filing Fee & led Copy	\$160.00 Piling of Status & Co	

Kim Tadlock, Asst. Secretary on of Capitol Corporate Services, I

IN COMPLIANCE WITH SEC	TION 605,0902, FLORIDA STATUTES, TH	FLORIDA		
, 1400 Chapn	ISINESS IN THE STATE OF FLORIDA: nan, LLC Limited Liability Company, must include "Liability Comp	mitted Liability Company, " L.L.C	Taruch	
Teyas	ame adopted for the purpose of turnsacting business is such foreign finited liability company is segmented)	_	de "Limited Liability Company, (FEI member, if applicable	
4	(Date first transacted bestiness to Florida, if pri (See sextions 605,0904 & 603,0905, F.S. to do	or to regarration.) termine penalty hability)	<u> </u>	
5. 4400 Post C	Dak Parkway	6. <u>4400 Po</u>	st Oak Park	way
Suite 2350		Suite 23	50	
Houston, T	77027	Houston	, TX 77027	2019 CCT
7. Name and street address	s of Florida registered agent: (P.O. I	Box <u>NOT acceptable)</u>		2
Name:	Capitol Corporate Services	, Inc.	:	PH 3: 0
Office Address:	515 East Park Avenue 2nd	FI		6.
	Tallahassee (Chy)	, Florida	32301 (Zip code)	
designated in this applicate comply with the provise	tance: gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the pro s of my position as registered agent.	u as registered agent and a	gree to act in this cap	actiy. I j

menage [up to six (6				
Title or Capacity:	Name and Address:	Title or Canacity:	1	Name and A
Manager	Name: Brian W. McMackin	Manager Manager	Name:	<u> </u>
⊠Member	Address: #4400 Post Oak Parkway	☐ Member	Address:	
Authorized	Suite 2350	Authorized		
Person	Houston, TX 77027	Person		
Other	Other	Other		Other
☐Маπаger	Name:	☐ Manager	Name:	. 6
☐ Me mber	Address:	Member	Address:	. 2
Authorized		Authorized		_ _
Person		Person		
Other	Other	Other		Other_C
☐Manager	Name:	Manager	Namo:	- o
☐Member	Address:	☐ Member	Address:	<u> </u>
Authorized.		☐ Authorized	*	<u> </u>
Person		Person		<u> </u>
Other	Other	Other		Cther
9. Attached is a cert jurisdiction under the of the translator mut 10. This document is	s executed in accordance with section 605,0203 (ment to the Department of State constitutes a thir	ida Department of State uly authenticated by the is in a foreign language (1) (1) (1) Florida Statutes.	Annual Report official havin , a translation I am aware the	ort form. Ig custody of re of the certifica
		McMackin		_



Ruth R.

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certifical Formation for 1400 Chapman, LLC (file number 803444832), a Domestic Limited Liability Con (LLC), was filed in this office on October 14, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my officially and caused to be impressed hereon the Se State at my office in Austin, Texas on October 15,



Ruth R. Hughs

Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709

: (512) 463-5709 Dial: 7-1-1 for Relay TID: 10264 Document: 92056

YUCI IS PH 3: Cos.