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| (Requestor's Name) | | | |
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| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: _ | M7 REAL ESTATE LLC Name | of Limited Liability Company | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| The enclosed Existence, and | "Application by Foreign Limited Liability C I check are submitted to register the above r | Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida. | | |
| Please return a | all correspondence concerning this matter to | the following: | | |
| | ERIC ENRIQUE, ESQ | | | |
| | | Name of Person | | |
| | ENRIQUE LAW FIRM | | | |
| Firm/Company 222 | | | | |
| | Firm/Company 836 EXECUTIVE LANE SUITE 120 Address ROCKLECDGE, FLORIDA, 32955 City/State and Zip Code | | | |
| | | Address | | |
| | ROCKLECDGE, FLORIDA, 32955 | | | |
| | C | ity/State and Zip Code | | |
| | E.ENRIQUE@ENRIQUELAWFIRMC. | OM ST. | | |
| | E-mail address: (to be | used for future annual report notification) | | |
| For further in: | formation concerning this matter, please cal | l: | | |
| ERIG | C ENRIQUE, ESQ | 321 610-2126 at () | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | |
| Reg | ing Address: istration Section | Street Address: Registration Section Division of Corporations | | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | The Centre of Tallahassee | | |
| | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| Pleas | osed is a check for the following amount: se make check payable to: FLORIDA DEP 125.00 Filing Fee S130.00 Filing Fee Certificate of | e & S155.00 Filing Fee & S160.00 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. M7 REAL ESTATE LLC, A TEXAS LIMITED LIABILITY COMPANY (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LEC.") TEXAS (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.) 24 HARDEE CIRCLE NORTH 24 HARDEE CIRCLE NORTH (Street Address of Principal Office) ROCKLEDGE, FLORIDA, 32955 ROCKLEDGE, FLORIDA, 32955 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NEIL MISERENDINO Name: 24 HARDEE CIRCLE NORTH Office Address: ROCKLEDGE (City) 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

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.

(Registered 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: NEIL MISERENDINO Name: _____ □Manager **■** Manager Address: 24 HARDEE CIRCLE NORTH □Member Address: ______ ☐ Member ROCKLEDGE, FLORIDA, 32955 □ Authorized ☐ Authorized Person Person □Other □Other Other _____ □Manager Name: ______ ☐ Manager □Member Address: _ □Member Address: ☐ Authorized ☐ Authorized Person Person □Other_____ □Other_____ ☐Other_____ □Other_____ Name; _____ Name: ______ □Manager □Manager Address: _____ Address: _____ □Member □Member □ Authorized ☐ Authorized Person Person Other____ □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.

NEIL MISERENDINO

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 M7 Real Estate, L.L.C. (file number 801272896), a Domestic Limited Liability Company (LLC), was filed in this office on May 24, 2010.

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 Scal of State at my office in Austin, Texas on January 16, 2020.

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Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 937812110003