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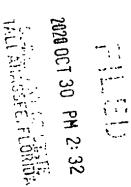
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ДО:

	Registration Section Division of Corporations						
SHRIFT	PLT REALTY INVESTMENTS, a Texas I	Limited Liability Company					
SOUTH.	SUBJECT: Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida," Cer referenced foreign limited liability company to transact business					
Please re	turn all correspondence concerning this matter to	o the following:					
	Kirk T. Bauer, Esquire		3 2				
		Name of Person Bauer & Associates Attorneys At Law, P.A. Firm/Company P.O. Box 459 Address					
	Bauer & Associates Attorneys At Law	(P.A.	OCT 30 F				
		Firm/Company	0 9				
	P.O. Box 459		± 2				
		Address	: 32				
	Del.and, FL 32721-0459	,					
	C	hty/State and Zip Code					
	kbauer@delandattorneys.com						
	E-mail address: (to be	e used for future annual report notification)					
For furth	er information concerning this matter, please ca	il:					
	Kirk T. Bauer, Esquire	at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
	Mailing Address: Registration Section	Street Address: Registration Section					
	Division of Corporations	Division of Corporations					
P.O. Box 6327 The Centre of		The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe Certificate (ee & - 🔲 \$155.00 Filing Fee & - 🖂 \$160.00 Filing Fee. Cert					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION (05:00), FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED (LABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

'name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	rida. The alternate name must	include "Lamited Laabi	hty Company," "L L.C," or "L
Texas		32-0741076;		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	·	3. (Fhi number, if applicable)	
Date of Registration				28
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	egistration) se penalty liability)		2020 OCT
1410 Shady Meadow I		1410 Shady N	Jeadow Lane	다 (1 · · · · · · · · · · · · · · · · · ·
reet Address of Principal Office)		6Mailing Ad	dress)	
DeLand, FL 32724		DeLand, FL 3	12724	C T C
		_		55 32 57 10
				2
Name and street addres	<u>s</u> of Florida registered agent: (P.O. Box	NOT acceptable)		
	_			
Name:	Kirk T. Bauer, Esquire			
rume.	223 S. Woodiand Blvd.			
Office Address:	223 3, wooddand Divd.			
	Del.and	Placi	32720 la	
	(City)		(Zip code)	

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:
□Manager	Name: Jacqueline Althea Davis	□Manager	Name:
■Member	Address: 1410 Shady Meadow Lane	□Member	Address:
□Authorized	DeLand, FL 32724	□Authorized	
Person		Person	
□Other		□Other	Other
			007
□Manager	Name:	□Manager	Name: 33 3
□Member	Address:	□Member	Address:
□Authorized		□Authorized	2: 3
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□()ther	□Other	□Other	□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Jacqueline Althea Davis

Typed or printed name of signee

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

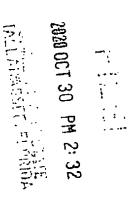


Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for PLT Realty Investments, a Texas limited liability company (file number 803606102), a Domestic Limited Liability Company (LLC), was filed in this office on April 27, 2020.

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 27, 2020.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State