

2/25/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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
MORGAN PRL MANAGEMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

Please keep file date 2/25/2021

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S4/11

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

IN COMPLIANCE WITH SECTION 605.012, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MORGAN PRL. MANAGEMENT LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. TX 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 3000 RICHMOND AVE 6. 3000 RICHMOND AVE
(Street Address of Principal Office) (Mailing Address)

HOUSTON, TX 77098-3102 HOUSTON, TX 77098-3102

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

By: C T Corporation System Kimberly Steinmetz
(Registered agent's signature) (Assistant Secretary)

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ALL INFORMATION CONTAINED
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DATE 08-11-2010 BY 60322 UCBAW

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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>See attachment</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Sarah Teten
Signature of an authorized person

Sarah Teten

Typed or printed name of signer

Attachment for Item 8.

1. **Name and Address:** J. Philip Morgan
3000 Richmond Ave.
Houston, Texas 77098

Title or Capacity: Manager and Chief Executive Officer
2. **Name and Address:** Evan Schlecker
2750 NW 3rd Avenue
Suite 2
Miami, Florida 33127

Title or Capacity: Authorized Person and President
3. **Name and Address:** E. Alan Patton
3000 Richmond Ave.
Houston, Texas 77098

Title or Capacity: Authorized Person and Senior Executive Vice President
4. **Name and Address:** Stanley D. Levy
3000 Richmond Ave.
Houston, Texas 77098

Title or Capacity: Authorized Person and Chief Operating Officer
5. **Name and Address:** Shelley Watson
3000 Richmond Ave.
Houston, Texas 77098

Title or Capacity: Authorized Person and Executive Vice President

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CLERK OF DISTRICT COURT
HARRIS COUNTY TEXAS

6. Name and Address: Joe Arentz
3000 Richmond Ave.
Houston, Texas 77098
- Title or Capacity: Authorized Person and Senior Vice President
7. Name and Address: Rosalind M. McLeroy
3000 Richmond Ave.
Houston, Texas 77098
- Title or Capacity: Authorized Person and Senior Vice President/ General Counsel/
Secretary
8. Name and Address: Sarah Teten
3000 Richmond Ave.
Houston, Texas 77098
- Title or Capacity: Authorized Person and Assistant Secretary

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JALAHOSSEY

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



Ruth R. Hughes
Secretary of State

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 MORGAN PRL MANAGEMENT LLC (file number 803785209), a Domestic Limited Liability Company (LLC), was filed in this office on October 02, 2020.

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

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SECRETARY OF STATE
JALAH S. S. FLORES

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 February 23, 2021.



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes
Secretary of State