

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

-From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (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
BUENA VISTA RANCH MANAGEMENT, LLC**

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Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

H21000087116 3

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. Buena Vista Ranch Management, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

2. Texas
(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.")

3. (FED number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized)

4. 701 N Post Oak Rd, Ste 635
(Date first transacted business in Florida, if prior to registration, (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 701 N Post Oak Rd, Ste 635
(Street Address of Principal Office) (Mailing Address)

Houston, TX 77024

Houston, TX 77024

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

Name: Bert Harris

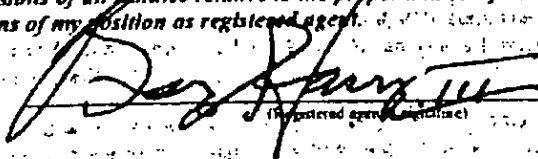
Office Address: c/o Swain, Harris, and Wohl, 401 Dal Hall Blvd.

Lake Placid 33852
(City) (Zip code)

Florida
(State)

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.


(Registered agent's signature)

H21000087116 3

FILED
2021 MAR -3 PM 5:40
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

FILED

2021 APR -3 PM 5:44

H210000871163

ALLAHABAD, FLORIDA

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:**

☐ Manager Name: Lucy H. Abell

☒ Member Address: 701 N Post Oak Rd, Ste 635

☐ Authorized Houston, TX 77024

Person: _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person: _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person: _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person: _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person: _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person: _____

☐ 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.

Lucy H. Abell
Signature of an authorized person

Lucy H. Abell

Typed or printed name of signer

H210000871163

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



H21000087116 3
Ruth R. Hughes
Secretary of State

Office of the Secretary of State

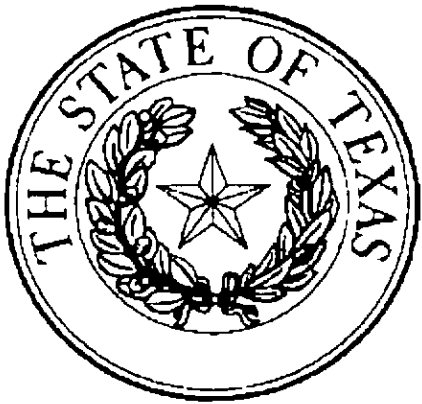
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Buena Vista Ranch Management, LLC (file number 803840351), a Domestic Limited Liability Company (LLC), was filed in this office on November 23, 2020.

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

FILED
2021 MAR -3 PM 5:41
RUTH R. HUGHES
SECRETARY OF STATE

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 March 03, 2021.



A handwritten signature of Ruth R. Hughes in black ink.

Ruth R. Hughes
Secretary of State

H21000087116 3