

# ma/0000003820

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

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Doing so will generate another cover sheet.

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

2021 APR -1 AM 10:56  
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SECRETARY OF STATE  
TALLAHASSEE, FL

**\*\*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**  
**US-STABLE-P1 775 US-27 MINNEOLA, LLC**

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

2021 APR -1 PM 3:47

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: US-STABLE-P1 775 US-27 MINNEOLA, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Belasco / Chon Pendleton

Name of Person

Stablewood Properties LLC

Firm/Company

111 Stablewood Court

Address

Houston, TX 77024

City/State and Zip Code

michael@stablewoodproperties.com / chon@stablewoodproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Belasco

415

980-0365

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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# 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. US-STABLE-P1 775 US-27 MINNEOLA, LLC

(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 "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-2596522

(FEI number, if applicable)

4. date of registration

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 111 Stablewood Court

(Street Address of Principal Office)

Houston, TX 77024

6. 111 Stablewood Court

(Mailing Address)

Houston, TX 77024

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 E. Park Avenue, 2nd Floor

Tallahassee, Florida 32301  
(City) (Zip code)

FILED  
2021 APR - 1 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

## 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.

*Kim Tadlock*

Kim Tadlock, as Asst. Secretary for  
Capitol Corporate Services, Inc.

(Registered agent's signature)

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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 checked="" type="checkbox"/> Manager | Name: Michael Belasco          | <input checked="" type="checkbox"/> Manager | Name: Glenn Lowenstein         |
| <input type="checkbox"/> Member             | Address: 111 Stablewood Court  | <input type="checkbox"/> Member             | Address: 111 Stablewood Court  |
| <input type="checkbox"/> Authorized         | Houston, TX 77024              | <input type="checkbox"/> Authorized         | Houston, TX 77024              |
| 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.



Signature of an authorized person

Michael Belasco

Typed or printed name of signer

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# Delaware

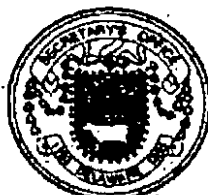
The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "US-STABLE-P1 775 US-27 MINNEOLA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "US-STABLE-P1 775 US-27 MINNEOLA, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



5528431 8300

SR# 20211135795

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202873872

Date: 04-01-21