

**Ma1000004985**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
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

\*\*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  
POWDERED SUGAR PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

*SA*

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: POWDERED SUGAR PROPERTIES  
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:

Darin Wilson

Name of Person

Powdered Sugar Properties

Firm/Company

2925 Gulf Frwy. South, Suite B460

Address

League City, TX 77573

City/State and Zip Code

wilson.darin.001@gmail.com

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

For further information concerning this matter, please call:

D Wilson

Name of Contact Person

713

Area Code

540 1070

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. POWDERED SUGAR PROPERTIES 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. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FBI number, if applicable)

4. \_\_\_\_\_  
(State first transacted business in Florida, if prior to registration.  
(See sections 605.0904 & 605.0905, F.S., re electronic priority liability)

5. 2925 Golf Fwy. S  
(Street Address of Principal Office)

6. same  
(Mailing Address)

Suite B460

League City, TX 77573

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)

**Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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

(Registered agent's signature)

Kim Tadlock, as Asst. Secretary on behalf of  
Capitol Corporate Services, Inc.

FILED  
 2021 APR 27 AM 9:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

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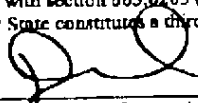
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity:		Name and Address:	Title or Capacity:		Name and Address:
<input type="checkbox"/> Manager	Name:	<u>Darin Wilson</u>	<input type="checkbox"/> Manager	Name:	<u>Wendy Wilson</u>
<input checked="" type="checkbox"/> Member	Address:	<u>54 S. Player Crest Cir.</u>	<input checked="" type="checkbox"/> Member	Address:	<u>same as Darin</u>
<input type="checkbox"/> Authorized Person		<u>The Woodlands, TX 77382</u>	<input type="checkbox"/> Authorized Person		
<input type="checkbox"/> Other			<input type="checkbox"/> Other		
<input type="checkbox"/> Manager	Name:	<u>Bret Morrison</u>	<input type="checkbox"/> Manager	Name:	<u>Jaquelyn Morrison</u>
<input checked="" type="checkbox"/> Member	Address:	<u>117 Preston St.</u>	<input checked="" type="checkbox"/> Member	Address:	<u>same as Bret</u>
<input type="checkbox"/> Authorized Person		<u>Penthouse East</u>	<input type="checkbox"/> Authorized Person		
		<u>Houston, TX 77002</u>			
<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 Person			<input type="checkbox"/> Authorized Person		
<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  
Darin Wilson  
 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 "POWDERED SUGAR PROPERTIES 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POWDERED SUGAR PROPERTIES LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 2019.

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



7385259 8300

SR# 20211461470

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 "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203063363

Date: 04-27-21