

M 210000005930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

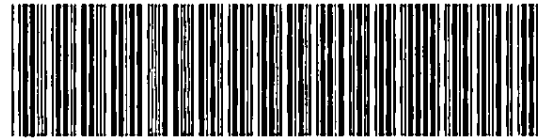
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT

5/6/21



ROYCE LANNING, SENIOR COUNSEL
PH 832 509 2375
ROYCE.LANNING@KEANMILLER.COM

April 28, 2021

VIA FEDEX #7734 2082 6385

Florida Department of State
Registration Section
Divisions of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 1800
Tallahassee, FL 32303

Re: Filing of Foreign LLC

Dear Sir or Madam:

Enclosed please find the cover letter and application by a foreign limited liability company for authorization to transact business in Florida as well as a Certificate of Fact from the Texas Secretary of State for Texas entity Barcelo Legacy, LLC

Also enclosed is firm check #035292 in the amount of \$125.00 for filing fees.

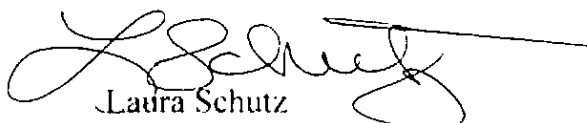
Please return the original document to our office after recording:

Kean Miller
ATTN: Royce Lanning
1400 Woodloch Forest Drive, Suite 400
The Woodlands, TX 77380.

Please contact our office if you have any questions.

Very truly yours,

KEAN MILLER LLP


Laura Schutz
Paralegal

2021 APR 30 PM

COVER LETTER

Registration Section
Division of Corporations

Barcelo Legacy, LLC

Name of Limited Liability Company

SUBJECT: 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:

Will Warren

Name of Person

Barcelo Legacy, LLC

Firm/Company

124 W. Bonneymead Circle

Address

The Woodlands, Texas 77381

City/State and Zip Code

willstwarren@gmail.com

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

For further information concerning this matter, please call:

Royce Lanning

Name of Contact Person

at (832)

Area Code

509-2375

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

2011 JUN 30 PM 3:54
STATE
RECEIVED

**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. Barcelo Legacy, 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. Texas 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0903 & 605.0915, F.S. to determine penalty liability)

5. 124 W. Bonney mead Circle 6. Same as #5
(Street Address of Principal Office) (Mailing Address)

The Woodlands, Texas 77381

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Ave Avenue 2nd

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 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.

Delanie Case Delanie Case, asst sec
(Registered agent's signature)

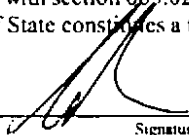
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: William S. Warren	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 124 Bonneymead Circle	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	The Woodlands, Texas 77381	<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.



Signature of an authorized person

William S. Warren

Typed or printed name of signer

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



Ruth R. Hughs
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 Barcelo Legacy, LLC (file number 803995744), a Domestic Limited Liability Company (LLC), was filed in this office on March 29, 2021.

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

APR 30 2021

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 April 21st 2021.



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

Ruth R. Hughs
Secretary of State