Page: 2 of 5

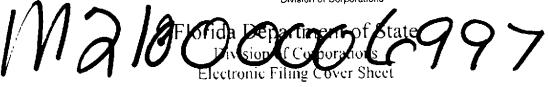
2021-06-08 08:17:22 CST

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From: Kimberly Laughrey

6/8/2021

Division of Corporations



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## Foreign Limited Liability Company FAT VILLAGE PROJECT LLC

Certificate of Status	U
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Help



From: Kimberly Laughrey

DocuSign Envelope (D: 561649C0-1953-457D-98D5-0A79C93DA217

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(liferancionavailable, enter atturnate i	and adopted for the propose of transacting basiness in Flo	wali Ite	ulternate name wust melude "Lannted Calobi	y Company, "Fit.C." or "F1	C 1
Delaware 2.		3.	Ell introber, if		
2. (Invisdictive under the law of which foreign tunited lightly company is ocquired)			E (E) number, if	applicable)	
4		manata ira			
	(Date first transacted business in Parida 17 provide) (See sections 695 0904 & 095 0905, F.S. to determin	ne senalty	fability)		
2800 Post Oak Blvd.		6	2800 Post Oak Blvd		
5. (Street Address of Principal (Office)		Ū	6 (Mailing Address)		
Suite 4800			Suite 4800		
Houston, TX 77056			Houston, TX 77056		
7. Name and street addres	ss of Florida registered agent. (P.O. Box	<u> 101</u>	acceptable)	21·52	m
Name:	CT Corporation System		<del></del>	B AHII: 34 RYSEE, FL	O
Office Address:	1200 South Pine Island Road			TH +	
	Plantation		, Florida (/ap coste)	_	
(City)		(Ap-code)			

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.

Mark Holloway Asst. Secretary

From: Kimberly Laughrey

DocuSign Envelope ID: 561649C0-1953-457D-98D6-0A79C93DA217

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Lisa Q. Metts	_ Manager	Name: Richard Heaton
□Member	2800 Post Oak Blvd.		Address: 2800 Post Oak Blvd.
	Sune 4800	<b></b>	State 4800
집Authorized Person	Houston, TX 77056	Person	Houston, TX 77056
□Other		Other	□Other
□Manager	Name: Evan McCord	Nanager	Name: Keith Montgomeray
□Member	Address: 2800 Post Oak Blvd		Address: 2800 Post Oak Blvd.
☑Authorized	Suite 4800		Suite 4800
Person	Houston, TX 77056	Person	Houston, TX 77056
□Other		Other	
⊞Manager	Name:		Name
□Member	Address: 2800 Post Oak Blvd.		Address:
	Suite 4800		
Person	Houston, TX 77056	Person	
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. Lam aware that any false information submitted in a document to the Department of State constitutes a third degree fellowy as provided for in s.817,155, F.S.

Document A. Martin	
Lisa Q Metts, Authorized Person	
Typed or pointed name of signee	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FAT VILLAGE PROJECT 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 SEVENTH DAY OF JUNE, A.D. 2021.

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

Authentication: 203385275

Date: 06-07-21