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.

(((H21000254792 3)))



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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

: (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future r annual report mailings. Enter only one email address please.\*\*

Email Address:

## Foreign Limited Liability Company 1840 RINEHART SPE, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



2021-06-30 09:53:38 CST 12122023573 From: Kimberly Laughrey Page: 3 of 5 To: 18506176383

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| name unavailable, enter alternate na   | me adopted for the purpose of transacting biomess in i   | lorida. The alternate name must include "Limited Liability   | Company," "L.L.C." of "LLC.") |
|--|--|--|-------------------------------|
| Delaware   |  | 3  |                               |
| (Junisdiction under the law of which foreign limited liability company is organized) |  | 3  | applicable)                   |
|  |  |  | _                             |
|  | (Date first transacted business in Florida, if prior to<br>(See sections 605,0904 & 605,0905, F.S. to determ | o registration (<br>nine penalty hability)   |                               |
| 1840 Rinehan Rd,   |  | 2519 Shelby Avenue, Unit B   |                               |
| reet Address of Principal Office)  |  | 6(Mailing Address)   | 20                            |
| Sanford, FL 32771  |  | Dallas, TX 75219   | 21 J                          |
|  |  |  | - <del>1</del>                |
|  |  |  | <u> </u>                      |
| Name and street addres   | s of Florida registered agent: (P.O. Bo  | x <u>NOT</u> acceptable)   | 2021 JUN 30 PH 4: 4.1         |
| Name:  | C T Corporation System   |  | ·                             |
| Office Address:  | 1200 South Pine Island Road  |  |                               |
|  | Plantation   | 33324<br>, Florida   | _                             |
|  | (Cdy)  | (Zip code)   |                               |
| lesignated in this applica<br>o comply with the provisi                              | gistered agent and to accept service of  | f process for the above stated limited liab<br>as registered agent and agree to act in the<br>er and complete performance of my dution | us capacuy. A jariner aj      |
| •  | C T Corporation System   | n<br>/s/ David Westcott Assistant !  | Cocratory                     |
| Į.   | \v'  | isi David vvestout Assistant   | occicial y                    |

(Registered agent's signature)

By:

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:                  |  |
|--------------------|--------------------------|--------------------|------------------------------------|--|
| □Manager           | Name: Mohammad Omar Khan | □Manager           | Name: Sam Bates                    |  |
| □Member            | Address:                 | ☐ Member           | Address: 2519 Shelby Avenue Unit B |  |
| ■ Authorized       | Ada, OK 74820            | <b></b> Authorized | Dallas, TX 75219                   |  |
| Person             |                          | Person             |                                    |  |
| □Other             | Other                    | Other              | □Other                             |  |
| □Manager           | Name:                    | ∏Manager           | Name:                              |  |
| □Member            | Address:                 | Member             | Address:                           |  |
| □Authorized        |                          | ☐ Authorized       |                                    |  |
| Person             |                          | Person             |                                    |  |
| Other              | □Other                   | Other              | <del>500.</del> <b>21</b>          |  |
| □Manager           | Name:                    | ☐ Manager          | Name: 30                           |  |
| □Member            | Address:                 | □Member            | Address:                           |  |
| □Authorized        |                          | Authorized         |                                    |  |
| Person             |                          | Person             | <u> </u>                           |  |
| Other              |                          | Other              | Other                              |  |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

| /s/ Sam Bates |                                   |              |
|---------------|-----------------------------------|--------------|
|               | Signature of an authorized person | <del> </del> |
| Sam Bates     |                                   |              |
|               | Typed or primed name of signed    |              |



Page 1

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

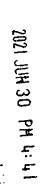
DELAWARE, DO HEREBY CERTIFY "1840 RINEHART SPE, LLC" IS DULY FORMED

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-NINTH DAY OF JUNE, A.D. 2021.

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



Authentication: 203566432

Date: 06-29-21