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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 HALL ST. PETERSBURG DEVMAR, LLC

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

### COVER LETTER

Hall St. Petersburg Devmar, LLC		
	ame of Limited Liability Company	_
The enclosed "Application by Foreign Limited Liabili Existence, and check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida we referenced foreign limited liability company to transact bus	1," Certificate of siness in Florida.
Please return all correspondence concerning this matter	er to the following:	
Tiffany Nelson		
	Name of Person	<del></del>
Hall St. Petersburg Devmar, LLC		
<del></del>	Firm/Company	-
2323 Ross Avenue, Suite 200		
The second secon	Address	-
Dalles Taure 25201		
Dallas, Texas 75201		,
	City/State and Zip Code	707
tnelson@hallgroup.com	• ,	· · · · · · · · · · · · · · · · · · ·
E-mail address: (to	o be used for future annual report notification)	
For further information concerning this matter, please	call:	16 PH 6:16
Tiffany Nelson	214 269-9462	主
Name of Contact Person	Area Code Daytime Telephone Number.	- # - <del>-</del> -
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	
Enclosed is a check for the following amoun		
Please make check payable to: FLORIDA D	_	0.46
☐ \$125.00 Filing Fee ☐ \$130.00 Filing		e, Certificate ertified Copy

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

IN COMPLIANCE WITH SECTION 615.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		name adopted for the purpose of transacting business in Flori	da, The alternate name must include "Limited Liabil	ity Companý," "L,L.C," or "El	.c.")
N/A    Class first instructed business in Florida, if prior to registration.) (See sections 605.0904 & 605.0903, F.S. to determine penalty liability)  2323 Ross Avenue, Suite 200    Comparison of Florida (Mailing Address)	Техав		3,		
Capitol Corporate Services, Inc:   Capitol Corpor	(Jurisdiction under the law of v	which foreign limited Rability company is organized)	(FEI number,	fapplicable)	
2323 Ross Avenue, Suite 200  6. (Mulling Address)  Dallas, Texas 75201  Dallas, Texas 75201  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Capitol Corporate Services, Inc:  Name:  Office Address:  515 East Park Avenue, 2nd Floor	N/A				
Dailas, Texas 75201  Dailas, Texas 75201  Dailas, Texas 75201  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Capitol Corporate Services, Inc:  Name:  Office Address:  515 East Park Avenue, 2nd Floor	,	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration.) penalty liability)	<del></del>	
Dailas, Texas 75201  Dailas, Texas 75201  Dailas, Texas 75201  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Capitol Corporate Services, Inc:  Name:  515 East Park Avenue, 2nd Floor	2323 Ross Avenue, Si	uite 200			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Capitol Corporate Services, Inc:  Name:  515 East Park Avenue, 2nd Floor  Office Address:	reet Address of Principal Office)		6. (Mailing Address)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Capitol Corporate Services, Inc:  Name:  515 East Park Avenue, 2nd Floor  Office Address:	Dailas, Texas 75201		Dallas, Texas 75201		
Capitol Corporate Services, Inc:  Name:  515 East Park Avenue, 2nd Floor  Office Address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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Capitol Corporate Services, Inc.  Name:  515 East Park Avenue, 2nd Floor  Office Address:					
Name:  515 East Park Avenue, 2nd Floor Office Address:		<del></del>		102	
Name:  515 East Park Avenue, 2nd Floor  Office Address:	Name and street addice	sg. of Florida registered agent: (P.O. Box )	NOT acceptable)	1021 JI	ដ
Office Address:  515 East Park Avenue, 2nd Floor  Office Address:	Name and street addice	sg.of Florida registered agent: (P.O. Box 1	NOT acceptable)	021 JUL 1	- 1 - 1
Office Address:		Capitol Corporate Services, Inc.	N <u>OT</u> acceptable)	1021 JUL 16	**************************************
Tallahassee 32301 (City) (Zip code)		Capitol Corporate Services, Inc.	NOT acceptable)	021 JUL 16 PH	**************************************
(City) (Zip code)	Name:	Capitol Corporate Services, Inc.	NOT acceptable)	021 JUL 16 PM 6:	THE PARTY OF THE P
(City) (Zip thee)	Name:	Capitol Corporate Services, Inc. 515 East Park Avenue, 2nd Floor	<del></del> '	1021 JUL 16 PM 6: 16	TO THE STATE OF TH
	Name:	Capitol Corporate Services, Inc. 515 East Park Avenue, 2nd Floor	<del></del> '	021 JUL 16 PM 6: 16	TO PA
	Name: Office Address: egistered agent's accep	Capitol Corporate Services, Inc: 515 East Park Avenue, 2nd Floor Tailahassee (City)	32301 ., Florida (Zip code)	MILTO COMPANY OF the	्रा त
signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a	Name: Office Address: egistered agent's accepaving been named as resignated in this applica	Capitol Corporate Services, Inc:  515 East Park Avenue, 2nd Floor  Tailahassee  (City)  Stance:  registered agent and to accept service of pro- nition, I hereby accept the appointment as i	32301 ., Florida (Zip code) ccess for the above stated limited lia	this capacity. I furth	er a
isignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi	Name: Office Address: egistered agent's accep aving been named as re- signated in this applica- comply with the provis	Capitol Corporate Services, Inc:  515 East Park Avenue, 2nd Floor  Tallahassee  (City)  otance: egistered agent and to accept service of proton, I hereby accept the appointment as it lons of all statutes relative to the proper at	32301 ., Florida (Zip code) ccess for the above stated limited lia	this capacity. I furth	er a
laving been named as registered agent and to accept service of process for the above stated limited liability company at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.  Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.	Name:  Office Address:  degistered agent's acceptoring been named as reesting been this application of the provise comply with the provise	Capitol Corporate Services, Inc:  515 East Park Avenue, 2nd Floor  Tallahassee  (City)  otance: egistered agent and to accept service of proton, I hereby accept the appointment as it lons of all statutes relative to the proper at	32301  , Florida (Zip code)  cess for the above stated limited lia registered agent and agree to act in and complete performance of my dut  Krista Abair, Asst. Se	this capacity. I furth les, and I am familia ecretary on beha	er a r wi

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:
<b>≅</b> Manager	Name: Donald L. Braun	□Manager	Name: Michael J. Jaynes
□Member	Address: 2323 Ross Avenue, Suite 200	□Member	Address: 2323 Ross Avenue, Suite 200
□Authorized	Dallas, Texas 75201	<b>a</b> Authorized	Dallas, Texas 75201
P <b>e</b> rson		Person	
Other	Other	■Other	Other
□Малаger	Name: HSF Holdings II, LLC	□Manager	Name:
<b>■</b> Member	Address: 2323 Ross Avenue, Suite 200	□Member	Address:
□Authorized	Dallas, Texas 75201	☐ Authorized	
Person	<del> </del>	Person	
Other	□ Other	Other	□Other
☐Manager	Name:	□Manager	Name: 28
□Member	Address:	□Member	Address:
□Authorized	<u>-</u>	□Authorized	<u> </u>
Person		Person	
Other	□ Other	Other	Other ⊴

<u>Important Notice</u>: 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.

ml	
Michael J. Jaynes	Signature of an authorized person
	The state of the s

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



Jose A. Esparza Deputy Secretary of State

## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Hall St. Petersburg Devmar, LLC (file number 803992239), a Domestic Limited Liability Company (LLC), was filed in this office on March 23, 2021.

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

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 July 15, 2021.

Jose A. Esparza Deputy Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at https://www.sos.texas.gov/ Fax; (512) 463-5709

TID: 10264

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