

Ma1000010082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

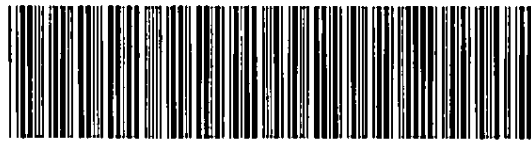
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AUSTIN SAN LEON, LLC
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:

SOHEIL ROWSHAN
Name of Person
ROWSHAN & COMPANY AN ACCOUNTANCY CORP.
Firm/Company
15303 VENTURA BLVD STE 1095
Address
SHERMAN OAKS, CA 91403
City/State and Zip Code
STEVE@ROWSHANCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOHEIL ROWSHAN 310 442-9339
Name of Contact Person at () Area Code 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**

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

AUSTIN SAN LEON, LLC

1. Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC"

2. AUSTIN, TEXAS

45-0711446

3. Under the laws of which foreign limited liability company is organized;

(Tax Number, if applicable)

4. JULY 26, 2021

(Date first transacted business in Florida, if prior to registration.
See sections 605.004 & 605.005, F.S. to determine penalty liability.)

5. 9365 ATLANTIC BLVD JACKSONVILLE

500 E 4TH STREET STE 553

6. City and County, State of Florida

(Mailing Address)

FLORIDA, 32225

AUSTIN, TEXAS 78701

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

Name: HAMID AHWAZI

Office Address: 9365 ATLANTIC BLVD

JACKSONVILLE

32225

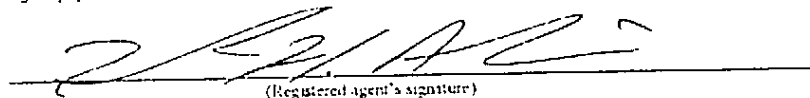
(City)

, Florida

(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.



(Registered agent's signature)

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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]:

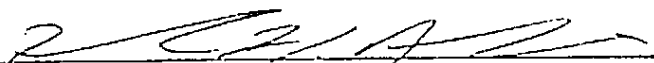
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>HAMID AHWAZI</u>	<input type="checkbox"/> Manager	Name: <u>ROSHANAK DORAKVANDI</u>
<input type="checkbox"/> Member	Address: <u>500 E 4TH STREET STE 353</u>	<input checked="" type="checkbox"/> Member	Address: <u>500 E 4TH STREET STE 353</u>
<input type="checkbox"/> Authorized	<u>AUSTIN, TEXAS 78701</u>	<input type="checkbox"/> Authorized	<u>AUSTIN, TEXAS 78701</u>
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 _____

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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

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 Austin San Leon, LLC (file number 801397652), a Domestic Limited Liability Company (LLC), was filed in this office on March 15, 2011.

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 27, 2021.



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Jose A. Esparza
Deputy Secretary of State