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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:

Lurin Real Estate Hole	lings XLII, LLC			
(Name of Foreign	n 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 Flo	orida. The alternate name must inc	clude "Limited Liability Co	ompany," "L. L. C," or "LLC,")
Delaware 2.		3.		
(Jurisdiction under the law of s	which foreign limited liability company is organized)	3	(FEI number, if appl	licable)
N/A 4				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration) e penalty liability (
2850 N. Harwood St. 5.		2850 N. Harwoo		
Street Address of Principal Office)		6. (Mailing Addres	55)	
Suite 1700		Suite 1700		
Dallas, TX 75201		Dallas, TX 7520	01	
7. Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box Registered Agent Solutions, Inc.	<u>NOT</u> acceptable)		621 AUS 17
Office Address:	155 Office Plaza Dr., Suite A		. •	AH 10: 3
	Tallahassee	, Florida	32301	တိ
	(Cny)		(Zip code)	
o comply with the provisi	otance: egistered agent and to accept service of pretion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and ag	gree to act in this c	anacity I fuether and
		-	Adam Salda	ana, Asst. Secretary
	(Registered agent's sig	nature)		

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: Name: Jon P. Venetos □ Manager ☐Manager 2850 N. Harwood St. □Member ☐ Member Address: Suite 1700 ☐ Authorized ☐ Authorized Dallas, TX 75201 Person Person President Other □Other____ ☐ Other Other___ □Manager Name: _____ □ Manager Name: _____ □ Member Address: ____ □Member Address: □ Authorized ☐ Authorized Person Person Other___ Other____ Other □Other____ □Manager ☐ Manager Name: _____ ☐ Member Address: □Member Address: □ Authorized □ Authorized Person Person Other □ 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.

Signature of an authorized person

Typed or printed name of signee

Jon P. Venetos

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LURIN REAL ESTATE HOLDINGS XLII, 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 SIXTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LURIN REAL ESTATE HOLDINGS XLII, LLC" WAS FORMED ON THE ELEVENTH DAY OF AUGUST, A.D. 2021.

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

Authentication: 203932321

Date: 08-16-21

6162122 8300 SR# 20212994291