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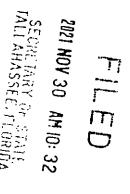
(Re	questor's Name)			
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COVER LETTER

TO:

Registration Section

	LSM LAND LLC					
SUBJECT:	Namo	e of Limited Liability Company				
The enclosed Existence, an	"Application by Foreign Limited Liability of discharge submitted to register the above to	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Floric				
lease return	all correspondence concerning this matter to	o the following:				
	R. BYRON WHITAKER					
		Name of Person				
	IF CARES LLC					
	Firm/Company					
	16475 DALLAS PARKWAY, STE 170					
		Address				
	ADDISON, TX 75001					
	C	ity/State and Zip Code				
	BYRON@IFCARES.COM					
	E-mail address: (to be	used for future annual report notification)				
For further in	formation concerning this matter, please cal	ll:				
BYRON WHITAKER		972 523-5837 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
	vision of Corporations	Division of Corporations				
	D. Box 6327	The Centre of Tallahassee				
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					
		Tallahassee, FL 32303				
Enci Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEP	PARTMENT OF STATE				
□ s	3125.00 Filing Fee S130.00 Filing Fee Certificate of					

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:

liability company is organized)	87-1799032 3(FEI m	umber, if applicable)	
liability company is organized)	(FEI no	umber, if applicable)	
		ed) (FEI number, if applicable)	
sacted business in Florida, if prior to registra 505 0904 & 605,0905, F.S. to determine pena	ion.) ity liability)		
01 Yucca Drive 1800 N Bays		shore Dr Unit 1909	
reet Address of Principal Office)			
	Miami, Fl. 33132		
DLDSMITH		FILE C	
shore Dr Unit 1909		AM 10: 32 GF STATE E.FLORID	
	33132 , Florida		
(City)	(Zip code	:)	
	gistered agent: (P.O. Box <u>NO'</u> DLDSMITH shore Dr Unit 1909	egistered agent: (P.O. Box NOT acceptable) DLDSMITH Shore Dr Unit 1909 Florida	

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: SHNEUR KURINSKY LONE STAR MERCHANDISING Name: Manager □Manager 10501 Yucca Drive Address: ____ ■ Member ■ Member Austin, TX 78759 Austin, TX 78759 □ Authorized □ Authorized Person Person □Other____ □Other □Other □Other____ MOSHE GOLDSMITH Name: □Manager □ Manager 1800 N Bayshore Dr Unit 1909 Address: __ Address: ☐ Member ■ Member Miami, FL 33132 □ Authorized □ Authorized Person Person □Other____ Other____ □Other___ ___ Other ____ □Manager Name: _____ Name: _____ □ Manager Address: Address: ☐ Member □Member ☐ 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

Eyped or printed name of signee

MOSHE GOLDSMITH

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



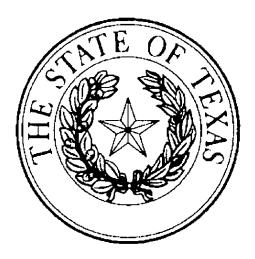
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LSM Land LLC (file number 803222092), a Domestic Limited Liability Company (LLC), was filed in this office on January 28, 2019.

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 November 15, 2021.



John B. Scott Secretary of State

Dial: 7-1-1 for Relay Services Fax: (512) 463-5709 Phone: (512) 463-5555