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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

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Email Address:

Foreign Limited Liability Company 27TH AVENUE CROSSING, LLC

Certificate of Status	0
Certified Copy	1
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S. HAWKES

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Taylor Seay 8004323622

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COVER LETTER

	stration Section slon of Corporations				
SHIP IFOT.	27th Avenue Crossing, LLC				
SUBJECT.	Nam	e of Limited Liability Company			
The enclosed Existence, and	"Application by Foreign Limited Liability deck are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida			
Please return	all correspondence concerning this matter t	to the following:			
	Mostafa Sctayesh				
		Name of Person			
	254 4				
	27th Avenue Crossing, LLC				
	Firm/Company				
	10755 Sandhill Road				
	Address				
	Dalias, TX 75238				
	<u></u>	City/State and Zip Code			
	kathyg@dimensiongroup.com				
	E-mail address: (to be	e used for future annual report notification)			
For further info	ormation concerning this matter, please cal	N;			
Kathy	Granzberg	214 343-9400			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
	ng Address:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
1 8118	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please	sed is a check for the following amount: make check payable to: FLORIDA DEP 25.00 Filing Fee	ARTMENT OF STATE c & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy			

Taylor Seay 8004323622

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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 FLORIDAY 27th Avenue Crossing, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate dains must include "Limited Liability Company," "L L.C," or "LLC.") Texas (Justidiction under the law of which foreign limited liability company is organized) (Date first transported business in Piorich, if prior to registration.) (See acciping 605:0984 & \$15:0905, F.S. to dominate penalty liability) 10755 Sandhill Road 10755 Sandhill Road 6. (Mailing Address) et Address of Principal Office) Dallas, TX 75238 Dallas, TX 75238 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 515 E. Park Avenue, Floor 2 Office Address: Tallahassee , Florida 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. Taylor Scay, Asst. Sec. on behalf of Capitol Corporate Services, Inc. (Registered agent's eignature)

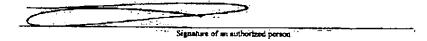
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity	XI.	Name and Address:
□Manager	Name: Mostafa Sctayesh	☐ Manager	Name:	
□Member	Address: 10755 Sandhill Road	□Member	Address:	
'■Authorized	Dailas, TX 75238	□Authorized		
Person	·	Person		
Other	□Other	□Other	:	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Addressi	
□Authorized		□ Authorized		· · · · · · · · · · · · · · · · · · ·
Person	<u> </u>	Person	, 	
Other	□ Other	Other	-	Other
□ Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
☐Authorized	· · · · · · · · · · · · · · · · · · ·	☐Authorized		· · · · · · · · · · · · · · · · · · ·
Person		Person	· · · · · · · · · · · · · · · · · · ·	
Other	□ Other	□Other	<u>:</u> `	☐ 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.



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



John B. Scott Secretary of State

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 27th Avenue Crossing, LLC (file number 804373501), a Domestic Limited Liability Company (LLC), was filed in this office on January 04, 2022.

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 January 24, 2022.



John B. Scott 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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