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### **COVER LETTER**

TO:	egistration Section ivision of Corporations					
	CMMD Development FL3, LLC					
SUBJE	CT;	Name of Limited Liability Company				
The encl Existence	losed "Application by Foreign Limited Liabil te, and check are submitted to register the abo	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.				
Please re	eturn all correspondence concerning this mat	ter to the following:				
	Jack Hales					
	Name of Person					
Law Office of Jack Hales						
		Firm/Company				
	10440 N Central Expy Ste	800				
	- AMI	Address				
	Dallas, Texas 75231	City/State and Zip Code				
		City/State and Zip Code				
	jack@jhaleslaw.com	P. P.				
	E-mail address: (t	to be used for future annual report notification)				
For furth	ner information concerning this matter, please	e call:				
Jack Hales		214 373-7197				
	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 I  S125.00 Filing Fee S130.00 Filing Certifica	DEPARTMENT OF STATE				

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES. THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CMMD Developm	nent FL3, LLC	Liability Commany," "L.J.,C.," or "LL,C."	
	, , ,		
(U name unavailable, enter alternate) Texas	name adopted for the purpose of transacting business in Flo	rida. The alternate name most metude "Limited L	iability Company," "L. I. C," or "LLC,")
າ		3	
(Jurisdiction under the law of w	thich foreign limited liability company is organized)	3(FEI num	ber, (Capplicable)
4.			
<u> </u>	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determine	egistration ) e penalty liability)	
1105 Redbud Str	eet	1105 Redbud Street	
5. (Street Address of Principal Office)		(Mailing Address)	
Celina TX 75009		Celina TX 75009	12 C. 15
		Jenna 17, 75005	JAR
			2
			82 Th
			4
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	5
			ا المجمع المارية المار المارية المارية الماري
	Registered Agents, Inc.		C 20
Name:		<del>1</del>	
	7901 4th St N STE 300		
Office Address:		<del></del>	
	St. Petersberg	33702	
	(City)	, Florida(Zin code)	<del></del>
	•	(z.ip cone)	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of pi tion, I hereby accept the appointment as ons of all statutes relative to the proper o s of my position as registered agent.	registered agent and agree to act.	in this capacity. I further agre
	Bel Ham	<u>-</u>	
	(Registered agent's si	Kurunsa)	

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: Christine Arnold	Title or Capacity:	Name and Address: Michael Dawson
■Manager	Name:	■Manager	Name:
□Member	1105 Redbud St.	□Member	1105 Redbud St
□Authorized	Celina TX 75009	□Authorized	Celinda TX 75009
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	7
			E I
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	FL 3
Person		Person	
□Other		∐Other	Dother

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.

Jack Hales

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



## Office of the Secretary of State

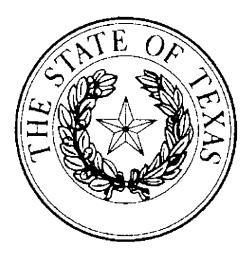
### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CMMD Development FL3, LLC (file number 804333641), a Domestic Limited Liability Company (LLC), was filed in this office on December 02, 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 Seri of State at my office in Austin, Texas on January, 17, 2022

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John B. Scott Secretary of State