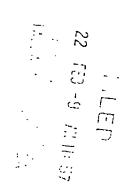
(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



400381273264

02/09/22--01027--010 \*\*125.00



T. LEMIEUX

COVER LETTER					
	stration Section ion of Corporations				
	SLA PEACEFUL WATERS, LLC				
50B31001	Name of Limited Liability Company				
The enclosed Existence, and	"Application by Foreign Limited Liability ( check 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 a	all correspondence concerning this matter to	o the following:			
	RYAN CRANDALL				
		Name of Person			
	LEGGETT CLEMONS CRANDALL, PLLC				
	Firm/Company				
	5700 GRANITE PARKWAY, SUITE	950			
	·	Address			
	PLANO, TEXAS 75024				
	C	ity/State and Zip Code			
	RCRANDALL@LCCLAWFIRM.COM				
	E-mail address: (to be	used for future annual report notification)			
For further inf	formation concerning this matter, please cal	II:			
RYA	N CRANDALL	214 473-8686 at ( )			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
	ng Address:	Street Address:			
_	Registration Section Registration Section				
	sion of Corporations	Division of Corporations			
	Box 6327	The Centre of Tallahassee			
Talk	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				
		Tallahassee, FL 32303			
Enclo	sed is a check for the following amount:				
	e make check payable to: FLORIDA DEP	<u> </u>			
<b>■</b> \$1	25.00 Filing Fee S130.00 Filing Fee				

## 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 HABILITY COMPANY/TOTRANS/ACTIRLSINESS IN THE STATE OF FLORIDA.

W. LLC	Limited Liability Company; must include "Limited	Transmy Company, 1. D.C., or "D	I.C. 1		
ime unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Lin	nited Liability Company," "L L C," or "LL		
EXAS		804391843			
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)			
N/A					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.)			
	(See sections 603,0904 & 603,0905, F.S. to determi				
3613 FALCON CT.		3613 FALCON CT. 6.			
Address of Principal Office)		(Mailing Address)			
DENTON, TEXAS 76210		DENTON, TEXAS 76210			
<del></del>	<del></del>		, <u> </u>		
lame and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)			
			22		
Name:	Jim Strange		7 - <del>1</del> 77 773 - •		
Office Address:	109 Madeira Ct.		· 6 E		
	Islamorada	33036 Florida			
	(City)	(ፖም ና	ode)		

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.

(Repistered apena's signature)

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:

Title or Capacity:	Name and Address:	Title or Capaci	ty:	Name and Address:
■Manager	Name: JAMES VIRGIL STRANGE, JR.	□Manager	Name:	
□Member	Address: 3613 FALCON CT	⊡Member		
□Authorized	DENTON, TEXAS 76210	□Authorized		
Person		Person		
□Other	□Other	Other	<del></del>	□Other
⊒Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
FiOther	lTOther	□Other	<del></del>	(3Other
□Mánager	Name:	□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. 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. Lam 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

JAMES VIRGIL STRANGE, JR., MANAGER

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



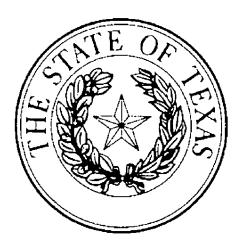
## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Isla Peaceful Waters, LLC (file number 804391843), a Domestic Limited Liability Company (LLC), was filed in this office on January 18, 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 February 03, 2022.



John B. Scott Secretary of State