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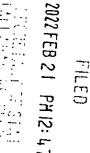
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(Address)					
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	(City/State/Zip/Phone #)				
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PICK-UF	P WAIT	MAIL			
(Business Entity Name)					
	(Document Number)				
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Special Instructions to Filing Officer:					

Office Use Only



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K. Brumbley



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Mary V. Norris, Attorney at Law Email: mary@cordobafirm.com

February 4, 2022

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Via CM 9414 8118 9956 1789 6679 26

RE: CHAMD St. John, LLC

To Whom It May Concern:

Please find enclosed the following documents for filing:

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- Certificate of Existence; and
- Check for Filing Fee & Certificate of Status

Please return the receipt and Certificate of Status to angela@cordobafirm.com.

Should you have any questions, please feel free to contact our office at (979) 297-2854. Thank you for your prompt attention regarding this matter.

Sincerely,

Angela Arce Senior Paralegal

Encl.

PEGENTED

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	CHAMD St. John, LLC	
	1	Name of Limited Liability Company
The er Existe	nclosed "Application by Foreign Limited Liabi ence, and check are submitted to register the ab	ility Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this mat	tter to the following:
	Angela Arce	
		Name of Person
	Cordoba Law Firm, PLLC	
		Firm/Company
	85 Oak Drive, Suite 102	
		Address
	Lake Jackson/Texas 77566	
		City/State and Zip Code
	angela@cordobafirm.com	
	E-mail address: (to be used for future annual report notification)
For fu	orther information concerning this matter, pleas	se call:
	Angela Arce	979 297-2854
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amout Please make check payable to: FLORIDA ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Certific	DEPARTMENT OF STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE BYTH SECTION 615 0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY

name unavailable, enter atternate	name adopted for the purpose of transacting business in file	orsda. The alternate name must include "Limited Liability Company," "L. L. C.".	or "I I C	
Texas		87-4759012 3		
(Jurisdiction under the law of s	which fereign limited liability company is organized)	(FTI number, if applicable)		
	(Date fast transacted business in Florida, if prior to r thee sections off 1964 & 615 ONE, F.S. to determin	registration) ne penalty liability i		
85 Oak Drive, Suite 102		85 Oak Drive, Suite 102		
cet Address of Principal Office)		(Mailing Address)	_	
Lake Jackson, Texas 77566		Lake Jackson, Texas 77506		
Name and street addre	ss of Florida registered agent ¹ (P.O. Box	NOT acceptable)		
Vama	Corey H. Anderson			
Name Office Address	Corey H. Anderson 120 Durbin Pavilion Dr., Suite 103			
	· · · · · · · · · · · · · · · · · · ·	32259 Florida		

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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:	Name and Address:
■ Manager	Name, Corey H. Anderson	∰Manager	Name Joshua Roszak
□Member	Address: 40 Lake Rd.	□Member	Address 2302 Baymeadow Ct.
□Authorized	Lake Jackson, Texas 77566	□Authorized	Pearland, Texas 77584
Person		Person	
□Other		□Other	□Other
□Manager	Name	□Manager	Name:
□Member	Address	□Member	Address
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	□Other
□Manager	Name	□Manager	Name.
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□ (nher		□Other	□Other_
indexed individuals 9. Attached is a cert jurisdiction under the of the translator must 10. This document	is executed in accordance with section 605 0203 (ment to the Department of State constitutes a third	ida Department of State ily authenticated by the is in a foreign language (1) (b), Florida Statutes Legrey felony as provi	Annual Report form, official having custody of records in the , a translation of the certificate under oath I am aware that any false information
	Corey H. Anderson		
	Typed or prin	nted name of signee	

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



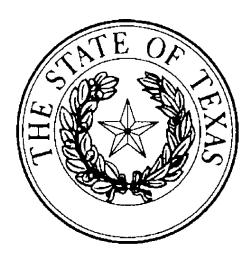
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CHAMD St. John, PLLC (file number 804405826), a Domestic Limited Liability Company (LLC), was filed in this office on January 26, 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 01, 2022.



John B. Scott Secretary of State