PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

| LIMITED LIA 、COMPA REINSTATE | NY | S S | DEPARTMI ecretary of Station of corpor | ate | | | | | |
|---|---|---|---|-----------------|--|--|--|--|--------------|
| DOCUMENT 1. Limited Liability Con State of Market | 1 100 | | hearn Cor | ~e | magna | | | | |
| 2. Principal Office Address - No P.O. Box# | | 3. Mailing Office Address | | | | | CR2E041 (1/14) | | - |
| 601 Sawyer St, Suite 600 | | 601 Sawyer St, Suite 600 | | | 4. State/Count Delaware | • | | | |
| Suite Apt #, etc | | Suite, Apt #, etc | | | 5. Date Organized or Qualified To Do Business in Florida 3/14/2022 | | | | |
| City & State | City & State | | | 6. FEI Numbe | | Applied For | _ | | |
| Houston, Texas | | Houston, Texas | | | | n/a | =1 | y NgtApplica | |
| Zip | Country | Zíp | | Coun | • | | STATUS DESIRED for a c | Additional Fee require | d |
| 77007 | USA | 77007 | | US | 4 | - Constant of | TO A C | 가장 리 | .J. |
| | 8. Name and Address | of Current Regi | stered Agent | | | _ | | - 25 C C C C C C C C C C C C C C C C C C | |
| Name Capitol Corporate Services, Inc. | | | | | | | | γ ₀ Ο | |
| Street Acaress (P.O. Box Number is Not Acceptable) Suite, 515 E. Park Avenue, 2nd FL. | | | | | | | | | F |
| Apt # Etc | | | | | | - | | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | |
| City | | | Sta | te | Zip Code | - | | 2 0 | |
| Tallahasse | F | L | 32301 | | | | | | |
| 9. I, being appointed | the registered agent of the ab | ove named limited | liability compar | ny, am | familiar with and ac | cept the obligation | s of Chapter 605, F.S. | | |
| Signature of Registered Agent Kim Tadlock, as Asst. Secretary REGISTERED AGENT MUST SIGN | | | | | | | Date 12/30/2 | 024 | _ |
| 10 Names and Street | Advance of Authorized Pages | | | | | | | | _ |
| 10 Names and Street Addresses of Authorized Representatives/Managers Name of Street Address of Each | | | | | | | C. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | Mass 17's | |
| Titles | Authorized Representatives Managers | · | | | | ive/ | e/ City / State / Zip | | |
| VP Adrie | nne Coltins | 601 Sawyer St., Suite 600 | | | t., Suite 600 | | Houston, TX 77007 | | _ |
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| 11, E-mail Address | chris@sorenser | nes.com | | | | <u> </u> | | | \dashv |
| 12 partify that t == | an authorized representative/ | | | | annual report notificate | | as amyided for in Chanter 5/ | 05 F.S. I further | _ |
| certify that when filing 605,0012, F.S., and t | this reinstatement application that all fees owed by the limite | the reason for di d liability compan | issolution has i y have been pa | been aid. Ti | eliminated, the limit he information indic | ed liability compar ated on this applic | ny name satisfies the require ation is true and accurate, a | ement of section and my signature | |
| shall have the same legal effect as if made under oath, I am aware that 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 authorized representative/member | | | | | | | | ı | |
| Typed or annied nam | e of signing authorized repres | | | Col | lins, VP of Ad | ministration | ayume Frione # | -DEO 0 0-000 | _ |
| , jpec or printed (late | | | | | | | | DEC 3 1 202 | ┯ |



| Filing Co | <u>ver Sheet</u> | | | |
|---|--------------------------------------|--|--|--|
| Sunbiz Prepaid Account # (20160000017 | | | | |
| To: Florida Division of Corporations | | | | |
| From: LESLIE SELLERS C/O Capitol Services, Inc. | | | | |
| Date: 12/30/2024 | | | | |
| Trans#: 1523206 | | | | |
| Entity Name: SOUTHERN STAR STOR COMPANY, LLC - M22000003858 | AGE LEASING MANAGEMENT | | | |
| Articles of Organization () | Amendment () | | | |
| Articles of Dissolution () | Annual Report () | | | |
| Conversion () | Fictitious Name () | | | |
| Foreign Qualification () | Limited Liability () | | | |
| Limited Partnership () | Merger () | | | |
| Reinstatement (XXX) | Withdrawal / Cancellation () | | | |
| Other () | Partnership Registration () | | | |
| STATE FEES PREPAID WITH SUNBIZ ACCT #120 | 0160000017 in the amount of \$238.75 | | | |
| PLEASE RETURN: | | | | |
| Certified Copy () Plain Stamped | ł Copy (XXX) | | | |
| Good Standing () Certificate of | f Fact() | | | |

Phone: 855-498-5500