

W2200005494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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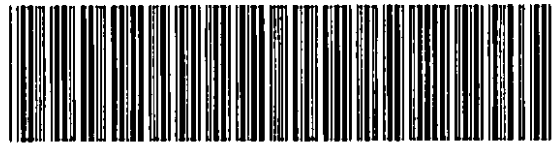
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S. FRANKLIN
APR 11 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVER CITY HOUSING, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PEREZ GOREE

Name of Person

PEREZ GOREE & ASSOCIATES, LLC

Firm/Company

4700 MILLENIA BLVD, SUITE 175

Address

ORLANDO, FL 32839

City/State and Zip Code

max@rivercityhousing.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEREZ GOREE

Name of Contact Person

517

at ()

Area Code

281-3983

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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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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 FLORIDA:

1. RIVER CITY HOUSING, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. TEXAS 3. 86-3885414
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/23/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 150 EAST ROBINSON STREET 6. 150 EAST ROBINSON STREET
(Street Address of Principal Office) (Mailing Address)

UNIT 1417 UNIT 1417
ORLANDO, FL 32801 ORLANDO, FL 32801

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: PEREZ GOREE & ASSOCIATES, LLC
Office Address: 4700 MILLENIA BLVD
ORLANDO, Florida 32839
(City) (Zip code)

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.


(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: MAX HORENSTEIN	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 150 EAST ROBINSON ST.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	ORLANDO, FL 32801	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: PEREZ GOREE	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4700 MILLENIA BLVD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 175	<input type="checkbox"/> Authorized	_____
Person	ORLANDO, FL 32839	Person	_____
<input checked="" type="checkbox"/> Other <u>Authorized Representative</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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. 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.

Perez Goree
 Signature of an authorized person

PEREZ GOREE
 Typed or printed name of signer

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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 River City Housing, LLC (file number 804050354), a Domestic Limited Liability Company (LLC), was filed in this office on May 04, 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 Seal of State at my office in Austin, Texas on February 22, 2022.



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John B. Scott
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2022

PEREZ GOREE
4700 MILLENIA BLVD STE 175
ORLANDO, FL 32839 US

SUBJECT: RIVER CITY HOUSING, LLC
Ref. Number: W22000036325

We have received your document for RIVER CITY HOUSING, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 122A00006556

RECEIVED
APR 11 2022