M72000000 8505

. (Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Pucinoss Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900385528259

TED . 3-7 PH 6:21

COVER LETTER

TO:

Registration Section

Div	vision of Corporations		
endieze.	JOLLYBUSH REAL PROPERTY PARTNERS LLC Name of Limited Liability Company		
ODORACE:			
he enclosed xistence, a	d "Application by Foreign Limited Liability C nd check are submitted to register the above t	Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Floric	
lease return	n all correspondence concerning this matter to	the following:	
	DELANIA JOLLY		
	Name of Person		
	JOLLYBUSH REAL PROPERTY PARTNERS LLC		
		Firm/Company	
	8739 DAVIS BLVD		
		Address	
	KELLER TX 76248		
	City/State and Zip Code		
	mmtepa02@gmail.com		
	E-mail address: (to be	used for future annual report notification)	
For further i	information concerning this matter, please cal	H:	
Michael Turner, CPA		817 897-0788 at ()	
	Name of Contact Person	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	
Ple	closed is a check for the following amount: case make check payable to: F1.ORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	e & S155.00 Filing Fee & S160.00 Filing Fee, Certificate	

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

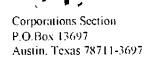
IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: JOLLYBUSH REAL PROPERTY PARTNERS LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name quavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LEC." or "LEC." 88-1230246 TEXAS (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) N/A - expected to begin business on July 1, 2022 (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904-& 605-0905, F.S. to determine penalty liability.) 8739 DAVIS BLVD 8739 DAVIS BLVD (Mailing Address) (Street Address of Principal Office) KELLER TX 76248 KELLER TX 76248 7. Name and street address of Florida registered agent: (P.O. Box. <u>NOT acceptable</u>) MICHAEL BUSH Name: 3020 BLACKSHEAR AVE Office Address: 32503 PENSACOLA (City) 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.

> Michael Bush (Registered agent'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: Name: MICHAEL BUSH Name: DELANIA JOLLY □ Manager □Manager Address: 8739 DAVIS BLVD 3020 BLACKSHEAR AVE **⊞**Member **■**Member PENSACOLA FL 32503 KELLER TX 76248 Authorized □ Authorized Person Person □Other____ □Other ____ □Other_____ □Other Name: □Manager Name: □Member Address: _____ □Member Address: ____ □ Authorized □ Authorized Person Person □Other_____ □Other____ Other____ □Other_____ □Manager Name: □ Manager Name: Address: Address: _____ □ Member □ Member □ Authorized □Authorized Person Person □Other_____ □Other_____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Delania Jolly
Signature of applithorizing person

Typed or printed name of signee

DELANIA JOLLY





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 JollyBush Real Property Partners LLC (file number 804476499), a Domestic Limited Liability Company (LLC), was filed in this office on March 15, 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 June 01, 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

TID: 10264

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Document: 1152787710004