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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

2022 JUN 20 AM 9:18
FILA
FILA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company MORGAN PRL CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

2022 JUN 20 11:14:25

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Corporate Filing Menu

Help

S. ROBERTS
JUN 20 2022

COVER LETTER

H22000212675

TO: Registration Section
Division of Corporations

SUBJECT: Morgan PRL Construction 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:

Rosalind M. McLeroy
Name of Person

Morgan PRL Construction LLC
Firm/Company

3000 Richmond Avenue
Address

Houston, Texas 77098
City/State and Zip Code

rosalindm@morgangroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosalind M. McLeroy at (713) 361-7200
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. Morgan PRL Construction 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 3000 Richmond Avenue
(Street Address of Principal Office)

6. 3000 Richmond Avenue
(Mailing Address)

Houston, Texas 77098

Houston, Texas 77098

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301
(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.

Taylor Seay

Taylor Seay, as Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

(Registered agent's signature)

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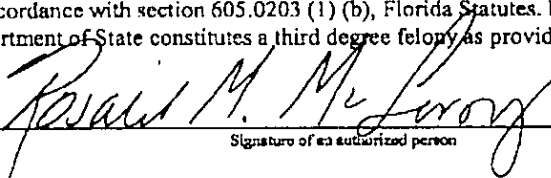
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>See Attached</u>	<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 _____
 <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 _____
 <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.



 Signature of an authorized person

 Rosalind M. McLeroy

 Typed or printed name of signee

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Attachment for Item 8

H22000212675

1. J. Philip Morgan
3000 Richmond Avenue
Houston, TX 77098

Title: Manager and CEO
2. Evan Schlecker
2750 NW 3rd Avenue, Ste. 2
Miami, FL 33127

Title: President and Authorized Person
3. David Elstein
2750 NW 3rd Avenue, Ste. 2
Miami, FL 33127

Title: Senior Vice President and Authorized Person
4. Richard Buck
2750 NW 3rd Avenue, Ste. 2
Miami, FL 33127

Title: Regional Vice President and Authorized Person
5. Nick Rivera
2750 NW 3rd Avenue, Ste. 2
Miami, FL 33127

Title: Vice President and Authorized Person
6. Rosalind M. McLeroy
3000 Richmond Avenue
Houston, TX 77098

Title: Senior Vice President, General Counsel, Secretary
7. Paulina Marvan
3000 Richmond Avenue
Houston, TX 77098

Title: Senior Vice President, Chief Accounting Officer, Treasurer

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



John B. Scott
Secretary of State

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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 Morgan PRL Construction LLC (file number 804510557), a Domestic Limited Liability Company (LLC), was filed in this office on April 07, 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 16, 2022.



A handwritten signature of John B. Scott in black ink.

John B. Scott
Secretary of State

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