

MA20000012474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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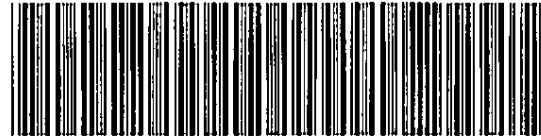
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

T. LEMIEUX
AUG 10 2022



Lake Jackson
85 Oak Drive, Suite 102
Lake Jackson, Texas 77566
Telephone: (979) 297-2854

Pearland
1920 Country Place Parkway, Suite 170
Pearland, Texas 77584
Telephone: (832) 810-2854

August 1, 2022

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

Via CM 9414 8111 0803 3437 0718 81

RE: CHAMD Stuart, 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,

A handwritten signature in cursive script that reads 'Angela Arce'.

Angela Arce
Senior Paralegal
Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHAMD Stuart, 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:

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 further information concerning this matter, please call:

Angela Arce

979
at (_____) _____

297-2854

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

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

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. CHAMD Stuart, 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. 88-3465073
(FEI number, if applicable)

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

5. 85 Oak Drive, Suite 102
(Street Address of Principal Office)

6. 85 Oak Drive, Suite 102
(Mailing Address)

Lake Jackson, Texas 77566

Lake Jackson, Texas 77566

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

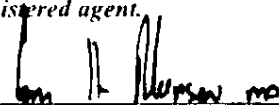
Name: Corey H. Anderson

Office Address: 2347 SE Federal Highway, Unit #2347

Stuart 34994
_____, Florida _____
(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)

FILED
2022-05-05 PM 12:15
SEC. FLORIDA

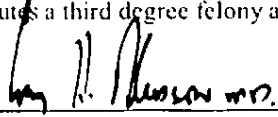
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Corey H. Anderson	<input checked="" type="checkbox"/> Manager	Name: Joshua Roszak
<input type="checkbox"/> Member	Address: 40 Lake Rd.	<input type="checkbox"/> Member	Address: 12302 Baymeadow Ct.
<input type="checkbox"/> Authorized	Lake Jackson, Texas 77566	<input type="checkbox"/> Authorized	Pearland, Texas 77584
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

Corey H. Anderson

Typed or printed name of signer



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 Stuart, PLLC (file number 804660644), a Domestic Limited Liability Company (LLC), was filed in this office on July 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 August 01, 2022.



A handwritten signature in black ink, appearing to read "John B. Scott".

John B. Scott
Secretary of State