

M22000015485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

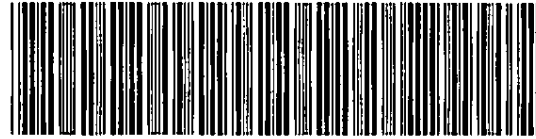
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 SEP 27 PM 6:05
CLERK OF COURT
JULIA A. GIBSON

T. LEMIEUX
OCT - 7 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ESCALANTE GOLF, 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:

CORY KIRK

Name of Person

ESCALANTE GOLF, LLC

Firm/Company

2930 BLEDSOE ST

Address

FORT WORTH, TX 76107

City/State and Zip Code

ckirk@escalantegolf.com

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

For further information concerning this matter, please call:

CORY KIRK

972
at ()

602-5577

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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ESCALANTE GOLF, 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. 84-1200168
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 2930 BLEDSOE ST 6. 2930 BLEDSOE ST
(Street Address of Principal Office) (Mailing Address)

FORT WORTH, TX 76107 FORT WORTH, TX 76107

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

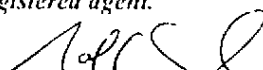
Name: ESCALANTE - TARPON COVE LP

Office Address: 471 BAY CLUB DRIVE

NAPLES 34110
(City) Florida (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.



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2022 SEP 27 PM 6:05
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN 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]:

Title or Capacity: Name and Address:

☐ Manager Name: MCDONALD, DAVID

☒ Member Address: _____

2930 BLEDSOE ST

☐ Authorized _____

FORT WORTH, TX 76107

 Person _____

☒ Other PRESIDENT ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: ROBERT SILVA

☒ Member Address: _____

2930 BLEDSOE ST

☐ Authorized _____

FORT WORTH, TX 76107

 Person _____

☒ Other VICE PRESIDENT ☐ Other _____

☐ Manager Name: ELCIO SILVA

☒ Member Address: 2930 BLEDSOE ST

☐ Authorized FORT WORTH, TX 76107

 Person _____

☒ Other SECRETARY ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


 Person _____

☐ Other _____ ☐ 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

ROBERT SILVA

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 Conversion for Escalante Golf, LLC (file number 803196397), a Domestic Limited Liability Company (LLC), was filed in this office on December 27, 2018.

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 July 13, 2022.



A handwritten signature of John B. Scott, consisting of a stylized 'J' and 'S'.

John B. Scott
Secretary of State

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. ESCALANTE GOLF, 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. 84-1200168
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2930 BLEDSOE ST 6. 2930 BLEDSOE ST
(Street Address of Principal Office) (Mailing Address)

FORT WORTH, TX 76107

FORT WORTH, TX 76107

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

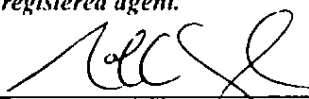
Name: ESCALANTE - TARPON COVE LP

Office Address: 471 BAY CLUB DRIVE

NAPLES 34110
(City) Florida (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 SEP 27 PM 6:05
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DALLAS
STATE OF TEXAS


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:	MCDONALD, DAVID		<input type="checkbox"/> Manager	Name:	ROBERT SILVA	
<input checked="" type="checkbox"/> Member	Address:			<input checked="" type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		2930 BLEDSOE ST		<input type="checkbox"/> Authorized		2930 BLEDSOE ST	
Person		FORT WORTH, TX 76107		Person		FORT WORTH, TX 76107	
<input checked="" type="checkbox"/> Other	PRESIDENT	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	VICE PRESIDEN	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	ELCIO SILVA		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	2930 BLEDSOE ST		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		FORT WORTH, TX 76107		<input type="checkbox"/> Authorized			
Person				Person			
<input checked="" type="checkbox"/> Other	SECRETARY	<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	

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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

ROBERT SILVA