Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations	
	Fax Number : (850)617-6383	
From:		
	Account Name : REGISTERED AGENTS INC.	
	Account Number : I20090000081	
	Phone : (307)200-2803 Fax Number : (855)330-1010	
	1 4 Manuaci (000) 500 1010	
	the email address for this business entity to be used	
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited L	nability Company," "L.L.C.," or "LLC.")	
me unavailable, enter alternate r	name adopted for the purpose of transacting business in Florid	da. The alternate name must include "Elimited Liability Company," "L	L C," or "LLC
exas		_{3.} 87-2202836	
Jurisdiction under the law of w	hich foreign limited hability company is organized)	3. (FEI number, if applicable)	<u> </u>
	(Date first transacted business in Florida, if prior to reg (See sections 605-0904 & 705-0905, F.S. to determine	stration (penalty liability)	
7901 4th St	N STE 300	6. 7901 4th St N STE 300	
t Address of Principal Office)		(Mailing Address)	~ }
St. Petersburg FL 33702		St. Petersburg FL 33702	1,00
			20
			
Same and street addres	\underline{s} of Florida registered agent: (P.O. Box) \underline{b}	<u>(OT</u> acceptable)	٠,٠
			٠.>
Name:	Registered Agents Inc		
	7901 4th St N STE 300		
Office Address:			
	St. Petersburg	Florida 33702	
	(Cay)	(Zip civide)	
gnated in this application on the provision of the provis	gistered agent and to accept service of pro- tion, I hereby accept the appointment as r	ocess for the above stated limited liability compace egistered agent and agree to act in this capacity, and complete performance of my duties, and I am	I further
	Bill Hame		
	(Registered agent's sign	nature)	

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: James Sturgill □Manager □Manager Address: XI Member □Member Address: 2901 Cityplace West BLVD #725 □ Authorized \square Authorized Dallas TX 75204 Person Person □Other □ Other □Other □Other □Manager Name: □Manager Name: _____ Address: □Member □ Member Address: _____ □ Authorized □ Authorized Person Person □Other □Other □Other ____ Name: □Manager Name: □Manager □Member □Member Address: Address:

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.

□Other_____

□ Authorized

Person

□ Other

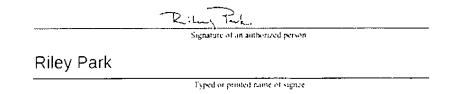
□ Other

Authorized

Person

□Other

- 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.



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



Jose A. Esparza Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for JB Sturgill Investments LLC (file number 804188552), a Domestic Limited Liability Company (LLC), was filed in this office on August 12, 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 December 163 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEE

Jose A. Esparza Deputy Secretary of State

Fax: (512) 463-5709 TID: 10264