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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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XX	РНОТОСОРУ			 .		
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1.	WYNSTAR CAPITAL LI (CORPORATE NAME AND DOCUM					
2.						
3.	(CORPORATE NAME AND DOCUM	ENT#)				
	(CORPORATE NAME AND DOCUMI	ENT #)				 .
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SPECIA INSTRU	L CTIONS:					

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:

Wynstar Capital LLC					
(Name of Foreign	Limited Liability Company, must include "Limite	d Liability Co	ompany," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	lorida. The alter	nate name must include "Limited Liability	y Company," "L.L.C	;" or "LLC.")
Texas					
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if	r, if applicable)	
4.					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liab	ility)	_	
10000 Memorial Dr. S		10	000 Memorial Dr. Suite 300		
5. (Street Address of Principal Office)		6	(Mailing Address)		
Houston, TX 77024		H	ouston, TX 77024		
			Jusion, 17, 77024		
				207	
				JAN	2
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acc	eptable)		
					, EE
Name:	Registered Agent Solutions, Inc.			-	
	155 Office Plane Du Coise 4			ب الله الله	ب `
Office Address:	155 Office Plaza Dr. Suite A			ن ـــ :	n. ⊒i
	Tallahassee		32301	•	
			, 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.

Adam Saldana, Asst. Secretary

(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: Isaac Bazbaz Name: Jacobo Bazbaz ■ Manager ■ Manager 10000 Memorial Dr. Suite 300 Address: __ 10000 Memorial Dr. Suite 300 □ Member □Member Houston, Texas 77024 Houston, Texas 77024 ☐ Authorized ☐ Authorized Person Person □Other_ Other □Other_ Other____ Simon Bazbaz Name: __ Name: John Bazbaz ■Manager Manager Address: _ 10000 Memorial Dr. Suite 300 10000 Memorial Dr. Suite 300 □ Member □Member Houston, Texas 77024 Houston, Texas 77024 - Authorized □ Authorized Person Person □Other_ Other____ □Other Rosa Bazbaz de Sisro ■ Manager □ Manager Address: _ 10000 Memorial Dr. Suite 300 Address: ☐ Member □Member Houston, Texas 77024 ☐ Authorized □ Authorized Person Person □Other 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. Teresa Bazbaz 2023.01.11 08:56:58 -06'00' Signature of an authorized person

Typed or printed name of signee

Teresa Bazbaz

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



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 Wynstar Capital LLC (file number 804695920), a Domestic Limited Liability Company (LLC), was filed in this office on August 22, 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 January 11, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

TID: 10264

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