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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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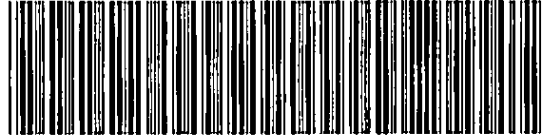
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2023 JAN -6 PM 1:46

S. ROBERTS

JAN 25 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIAZ-ARRASTIA FAMILY HOLDINGS, 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:

GEORGE R. DIAZ-ARRASTIA

Name of Person

SCHIRMMASTER DIAZ-ARRASTIA BREM LLP

Firm/Company

711 LOUISIANA # 1750

Address

HOUSTON, TX 77002

City/State and Zip Code

gdarrastia@sdablaw.com

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

For further information concerning this matter, please call:

GEORGE DIAZ-ARRASTIA

Name of Contact Person

at (713)

Area Code

502-7759

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. DIAZ-ARRASTIA FAMILY HOLDINGS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC."

2. TEXAS
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2957473
(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. 711 LOUISIANA #1750
(Street Address of Principal Office)

6. 711 LOUISIANA #1750
(Mailing Address)

HOUSTON, TX 77002

HOUSTON, TX 77002

C/O GEORGE DIAZ-ARRASTIA

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

Name: JASON DISHON

Office Address: 13800 PANAMA CITY BEACH PKWY.

PANAMA CITY BEACH, Florida 32407
(City) (Zip code)

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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.

Jason Dishon
(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]:

| <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: <u>GEORGE DIAZ-ARRASTIA</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: <u>711 LOUISIANA #1750</u> | <input type="checkbox"/> Member | Address: _____ |
| | <u>HOUSTON, TX 77002</u> | <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 _____ |

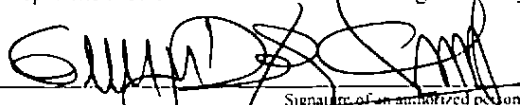
| | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>RAMON DIAZ-ARRASTIA</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>1900 HAMILTON #D-19</u> | <input type="checkbox"/> Member | Address: _____ |
| | <u>PHILADELPHIA, PA 19130</u> | <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 checked="" type="checkbox"/> Manager | Name: <u>CONCEPCION DIAZ-ARRASTIA</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>1441 TULANE</u> | <input type="checkbox"/> Member | Address: _____ |
| | <u>HOUSTON, TX 77008</u> | <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

GEORGE DIAZ-ARRASTIA

Typed or printed name of signer

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 DIAZ-ARRASTIA FAMILY HOLDINGS, LLC (file number 803192720), a Domestic Limited Liability Company (LLC), was filed in this office on December 19, 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 December 29, 2022.



A handwritten signature in black ink, consisting of a stylized "J" and "E" followed by a horizontal line.

Jose A. Esparza
Deputy Secretary of State