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(((H23000081335 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## Foreign Limited Liability Company 7035 BROAD WAY, LLC

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H23000081335

## 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:

(Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."  (Unimore transmission, enter shortest name adopted for the purpose of transacting business in Florida. The abstract panne mass include "Limited Liability Company," "L.L.C." or "L.C." or "L.	1. 7035 Broad Way, LLC			
Delaware  2	(Name of Poreign Li	mited Liability Company; must include "Limit	ed Liabilit	y Company," "L.L.C.," or "LEC.")
2	(If name unavailable, enter alternate nam	ne adopted for the purpose of transacting business in	Florids, The	alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C.
(Curiodicious under the law of which foreign limited institity company is organized)  (PEI number, if applicable)  (Virtus Real Estate  6. Virtus Real Estate  6. (Mailing Address)  835 W. 6th Street, Suite 1500  Austin, TX 78703  Austin, TX 78703  Austin, TX 78703  Austin, TX 78703  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 515 E. Park Avenue, 2nd FL  Tallahassee , Florida 32301  (Chy odds)  Registered agent's acceptance:  Hauling been named as engistered agent and to accept service of process for the above stated limited liability company of the pill designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further appointment as registered agent and agree to act in this capacity. I further appointment as registered agent and agree to act in this capacity. I further appointment as registered agent and agree to act in this capacity. I further appointment as registered agent and agree to act in this capacity. I further appointment as registered agent and agree to act in this capacity. I further appointment as registered agent and agree to act in this capacity.			3	
Virtus Real Estate  5. (Street Address of Principal Office)  835 W. 6th Street, Suite 1500  835 W. 6th Street, Suite 1500  Austin, TX 78703  Austin, TX 78703  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 515 E. Park Avenue, 2nd FL  Tallahassee , Florida 32301 (Zip code)  Registered agent's acceptance:  Having hear named as registered agent and to accept service of process for the showe stated Havillon company at the placeting in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a segistered agent and agree to act in this capacity. I further a segistered agent and agree to act in this capacity. I further a segistered agent and agree to act in this capacity. I further a segistered agent and agree to act in this capacity. I further a segistered agent and agree to act in this capacity. I further a segistered agent and agree to act in this capacity. I further a segistered agent and agree to act in this capacity. I further a segistered agent and agree to act in this capacity. I further a segistered agent and agree to act in this capacity.	(Jurisdiction under the law of which	h foreign limited liability company is organized)	٤.	(FEI number, if applicable)
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Tallahassee , Florida 32301 (Chy) (Chy)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the show stated limited liability company at the pladesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to	Name:	Capitol Corporate Services, I	nc.	
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to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wand accept the obligations of my position as registered agent.	Having hear named as eagli designated in this application to comply with the provision	nce: stered agent and to accept service of on, I hereby accept the appointment on is of all statutes relative to the prope	process as registe	for the showe stated limited liability company at the pli- cred agent and agree to act in this capacity. I further t
Taylor Seay, as Asst. Secretary on behalf			lor Seav	, as Asst. Secretary on behalf
of Capitol Corporate Services, Inc.	_	of C	Capitol C	Corporate Services, Inc.

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:
□Manager	Name: William Strong	□Manager	Name:	
□Member	Address: 835 W. 6th Street, Suite 1500	□Member	Address:	·
Authorized	Austin, TX 78703	□Authorized		
Person		Person		<del></del> .
Vice Presid	Cont Other	Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	·
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□ Other		□Other
□Мападет	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□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. 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.

was	
Milliam A, Strong (Mar 2, 2023 13:22 C5T)	
	Signature of an authorized person
William Strong	
	Typed or appated name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "7035 BROAD WAY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND מאל שומשת משת מתחתות ביו שאם אני אומד משתימת היו אמדי המשונה השינו שומש ביו