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.

(((H23000108581 3)))



H230001085813ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

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

\*\*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 MONOPOLY DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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## COVER LETTER

	MONOPOLY DEVELOPMENT, LLC					
Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor				
se return	all correspondence concerning this matter to	o the following:				
	Tarik J. Tyler					
	Name of Person					
	Firm/Company					
	1103 Wood Orchard Ct.					
	Address  Missouri City, Texas 77489  City/State and Zip Code					
	tjt@monopolydevelopment.com					
	B-mail addresa: (to be	used for future annual report notification)				
further in	formation concerning this matter, please cal	th:				
	Name of Contact Person	at ()				
	ine Address:	Street Address: Resistration Section				
Reg	ing Address: istration Section ision of Corporations	Street Address: Registration Section Division of Corporations				
Reg Divi	istration Section	Registration Section Division of Corporations The Centre of Tallahassee				
Reg Divi P.O	istration Section ision of Corporations	Registration Section Division of Corporations				
Reg Divi P.O Tall	istration Section ision of Corporations . Box 6327	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

H23000108581

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605,0902, FLOREDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MONOPOLY DEVELOPMENT, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name mayefiable, owner sharmer name adopted for the purpose of massacting business in Florida. The alternate name state include "Limited Liability Company," "L.L.C." or "LLC.") TEXAS (FEI number, if applicable) (Intelligation under the law of which foreign limited liability company is organized) MARCH 27, 2023 (Date first warmened business in Florids, if prior to registration.)
[See sections 605.0904 & 605.0905, F.S. to determine pseulty liability] 1103 WOOD ORCHARD COURT 1103 WOOD ORCHARD COURT 6. (Melling Address) (Street Address of Principal Office) MISSOURI CITY, TX 77489 MISSOURI CITY, TX 77489 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) TARIK J. TYLER Name: Office Address: 854 S. COUNTY ROAD PALM BEACH Registered agent's acceptance: Having been named as rigistered agent and to accept service of process for the above stated United Rability 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.

H23000108581

Name and Address:	Title or Capacit	Y: Name and Address
Name: TARIK J. TYLER	□Manager	Name:
Address: 1103 WOOD ORCHARD CT.	□Member	Address:
MISSOURI CITY, TX 77489	□Authorized	
	Person	
Other	□ Other	Ofther
Name:	□Manager	Name:
Address:	□Member	Address:
	☐ Authorized	
	Person	
Other	□Other	□ Other
Name:	☐ Manager	Name:
Address:	□Member	Address:
	☐ Authorized	
	Person	
□ Other	□Other	Other
	MISSOURI CITY, TX 77489    Other	Address: MISSOURI CITY, TX 77489

Typed or printed name of signes

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



Jane Nelson Secretary of State

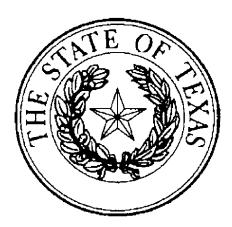
# Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Monopoly Development, LLC (file number 802240816), a Domestic Limited Liability Company (LLC), was filed in this office on June 23, 2015.

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 March 22, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

gene Helson

Jane Nelson Secretary of State

TID: 10264