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S. ROBERTS

APR 20 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AA Properties & Real Estate 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:

Zachary Copp

\_\_\_\_\_  
Name of Person

The Copp Law Firm

\_\_\_\_\_  
Firm/Company

901 Main Street, Ste 3300

\_\_\_\_\_  
Address

Dallas, TX 75202

\_\_\_\_\_  
City/State and Zip Code

aaproperties.re@gmail.com

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

For further information concerning this matter, please call:

Zachary Copp

214 216-1999  
at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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. AA Properties & Real Estate LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Texas 3. 92-2938052  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/10/2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)


5. 530 SHOWERS DR STE 7 UNIT 418 6. 530 SHOWERS DR STE 7 UNIT 418  
(Street Address of Principal Office) (Mailing Address)  
MOUNTAIN VIEW, CA 94040 MOUNTAIN VIEW, CA 94040

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

Name: Registered Agent Solutions, Inc.  
Office Address: 155 Office Plaza Dr., Suite A  
Tallahassee, Florida 32301  
(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.*

  
(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 type="checkbox"/> Manager	Name:	Alon Attias	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input checked="" type="checkbox"/> Member	Address:	530 SHOWERS DR	_____	<input type="checkbox"/> Member	Address:	_____	_____
<input type="checkbox"/> Authorized		STE 7 UNIT 418	_____	<input type="checkbox"/> Authorized		_____	_____
Person		MOUNTAIN VIEW, CA 94040	_____	Person		_____	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name:	_____	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input type="checkbox"/> Member	Address:	_____	_____	<input type="checkbox"/> Member	Address:	_____	_____
<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 type="checkbox"/> Manager	Name:	_____	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input type="checkbox"/> Member	Address:	_____	_____	<input type="checkbox"/> Member	Address:	_____	_____
<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.

*As*

\_\_\_\_\_

Signature of an authorized person

Alon Attias

\_\_\_\_\_

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 AA Properties & Real Estate LLC (file number 804947197), a Domestic Limited Liability Company (LLC), was filed in this office on February 28, 2023.

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 29, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State