

Florida Department of State

Division of Corporations

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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

SAMA CAPITAL REAL ESTATE LLC

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

H23000241210

TO: Registration Section
Division of Corporations
SAMA Capital Real Estate LLC

SUBJECT: _____
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:

Sasha Begum, Esq.

Name of Person

Begum Pelaez-Prada, PLLC

Firm/Company

5511 W Interstate 10, Suite 3

Address

San Antonio, Texas 78201

City/State and Zip Code

sasha@bp-plaw.com

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

For further information concerning this matter, please call:

Sasha Begum, Esq. 210 780-6022

Name of Contact Person

at (_____) _____

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

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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:

SAMA Capital Real Estate LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Sama Real Estate 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.")
Texas 87-3323512

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
7/1/2023

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
801 S Miami Ave #5609 1175 W Bitters Rd Suite 2102

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)
Miami, FL 33131 San Antonio, TX 78216

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
(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.

Kim Tadlock

Kim Tadlock, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.

(Registered agent's signature)

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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>Raul Elias Saide Marcos</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Ernesto Cruz Velazquez De Leon</u>
	Address: <u>Avenida Roble 660</u>		Address: <u>Avenida Roble 660</u>
<input type="checkbox"/> Member	<u>Torre Mentha, Piso 4, Proyecto Arboleda</u>	<input type="checkbox"/> Member	<u>Torre Mentha, Piso 4, Proyecto Arboleda</u>
<input type="checkbox"/> Authorized	<u>San Pedro Garza Garcia NL, MEX 66265</u>	<input type="checkbox"/> Authorized	<u>San Pedro Garza Garcia NL, MEX 66265</u>
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>Sergio Alberto Saide Marcos</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Armando Javier Saide Marcos</u>
	Address: <u>Avenida Roble 660</u>		Address: <u>Avenida Roble 660</u>
<input type="checkbox"/> Member	<u>Torre Mentha, Piso 4, Proyecto Arboleda</u>	<input type="checkbox"/> Member	<u>Torre Mentha, Piso 4, Proyecto Arboleda</u>
<input type="checkbox"/> Authorized	<u>San Pedro Garza Garcia NL, MEX 66265</u>	<input type="checkbox"/> Authorized	<u>San Pedro Garza Garcia NL, MEX 66265</u>
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.

DocuSigned by:

Signature of an authorized person

Fabian Saide

Typed or printed name of signer

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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 SAMA CAPITAL REAL ESTATE LLC (file number 804265597), a Domestic Limited Liability Company (LLC), was filed in this office on October 08, 2021.

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 July 10, 2023.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State

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