

M23000011774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

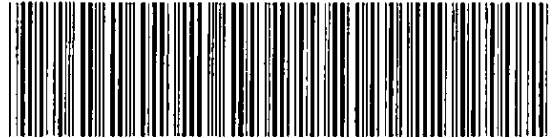
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2023 JUL 31 PM 12:49  
STATE OF FLORIDA  
TALLAHASSEE, FL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BARCELONA 314 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:

STEVEN LOGALBO  
Name of Person  
BARCELONA 314 LLC DBA LOGALBO PROPERTIES  
Firm/Company  
717 ROUS FLS  
Address  
MCKINNEY TX 75071  
City/State and Zip Code  
slogalbo@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA SILVA 469 209-0087  
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

**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. BARCELONA 314 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. 88-0716622  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 255 CYPRESS RD 314 6. 717 ROUS FLS  
(Street Address of Principal Office) (Mailing Address)

POMPANO BEACH, FL 33060 MCKINNEY, TX 75071

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

Name: STEVEN LOGALBO

Office Address: 12012 137th ST N

Largo, Florida 33774  
(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.*

Steven Logalbo  
(Registered agent's signature)

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2023 JUL 31 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: STEVEN LOGALBO	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 717 ROUS FLS	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	MCKINNEY TX 75071	<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 _____
 <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.

  
\_\_\_\_\_  
Signature of an authorized person

STEVEN LOGALBO

\_\_\_\_\_  
Typed or printed name of signee

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 BARCELONA 314 LLC (file number 804417538), a Domestic Limited Liability Company (LLC), was filed in this office on February 03, 2022.

It is further certified that the entity status in Texas is in existence.

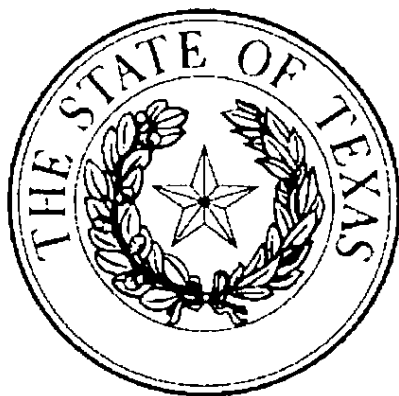
Delayed Effective date: February 04, 2022

It is further certified that our records indicate STEVEN LOGALBO as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

717 ROUS FLS

MCKINNEY, TX - 75071 USA

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 September 05, 2023.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State

*Come visit us on the internet at <https://www.sos.texas.gov>*

Phone: (512) 463-5555  
Prepared by: SOS-WEB

Fax: (512) 463-5709  
TID: 10268

Dial: 7-1-1 for Relay Services  
Document: 1281624710002