

M23000011780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

07/31/23--01042--009 44125.00

**Special Instructions to Filing Officer:**

۷۷

卷之三

W23000106563

Office Use Only

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

BARCELONA 141 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:

STEVEN LOGALBO

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

BARCELONA 141 LLC

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

717 ROUS FLS

\_\_\_\_\_  
Address

MCKINNEY, TX 75071-3510

\_\_\_\_\_  
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 &       \$155.00 Filing Fee &       \$160.00 Filing Fee, Certificate  
of Status      Certified Copy      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:

BARCELONA 141 LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company" "LLC" or "LCC")

(1) name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.".

## Texas

88-0715415

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_ (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)

251 SOUTH CYPRESS 141

717 ROUS FLS. MCKINNEY TX 75071

5. (Street Address of Principal Office)

POMPANO BEACH, FL 33060

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

STEVEN LOGAREDO

STEVEN LOGALBO

Name: \_\_\_\_\_

Office Address: 12012 137th ST N

12012 137th ST N

Largo, Florida 33774  
(City) (Zip code)

SEIN ERNST STAIN  
TALLINN, EST.

2023 JUL 3 | PM 12:57

תְּבִ�ָה

**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 L. Logelius*  
(Registered agent's signature)

(Registered agent's signature)

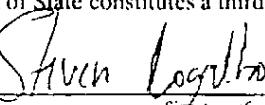
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: STEVEN LOGALBO Address: 717 ROUS FLS MCKINNEY, TX 75071	<input type="checkbox"/> Manager	Name: _____
<input checked="" 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 _____
<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 signer

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 141 LLC (file number 804417548), 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.

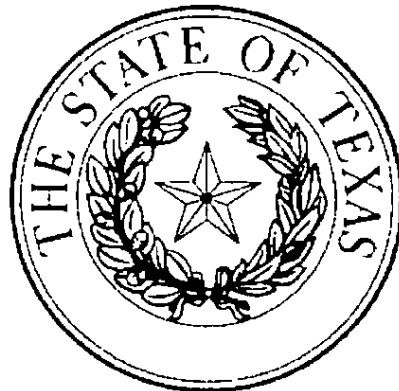
Delayed Effective date: February 04, 2022

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 in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State