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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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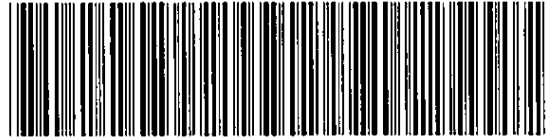
(Business Entity Name)

(Document Number)

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10/13/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Haden Ventures, 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:

Betty Donoho

Name of Person

Jackson Landrith & Kulesz PC

Firm/Company

601 W. Abram Street

Address

, Arlington, Texas 76010

City/State and Zip Code

bdonoho2001@yahoo.com

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

For further information concerning this matter, please call:

Betty Donoho

817 226-1100
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. Haden Ventures, 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 71-1028224
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 1, 2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4299 Rock Creek Dr. 6. 4299 Rock Creek Dr.
(Street Address of Principal Office) (Mailing Address)
Port Charlotte, FL 33948 Port Charlotte, FL 33948

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

2023 OCT 13 AM 9:34
FILED
HART

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.

Laura R Broderick

(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: <u>Mark C. Tinonga</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2925 114th Street</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Grand Prairie, TX 75050</u>	<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 officer 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 and signature of the translator must be submitted.)

10. This document is executed in accordance with section 605.020(1)(b), Florida Statutes. I am aware that any false statement submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.03(1)(a).

X 

Mark C. Tinonga

Report, individuals, signed

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 Haden Ventures, LLC (file number 800778762), a Domestic Limited Liability Company (LLC), was filed in this office on February 23, 2007.

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 October 11, 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/>



RIGIEN JACKSON
KRIS LANDRITH
DAVID KULESZ
BRENT McMULLEN

601 WEST ABRAM STREET
ARLINGTON, TEXAS 76010

TELEPHONE: (817) 226-1100
TELEFAX: (817) 226-2727

Via FedEx

October 12, 2023

Registration Section
Division of Corporation
The Centre of Tallahassee
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

Re: Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida

Gentlemen or Ladies:

Enclosed is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida filed on behalf of Haden Ventures, LLC, a Texas limited liability company, along with the Certificate of Fact issued by the Texas Secretary of State and our firm's check in payment of the require filing fee.

Please process the Application and contact the undersigned if the form is deficient in any way so that we may promptly make the required corrections, as time is of the essence.

Sincerely,

Kris Landrith

KLL/bd
Enclosure