

MZ3000015885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

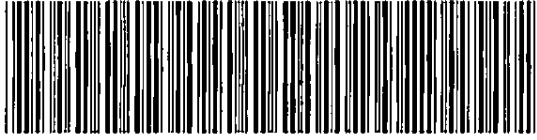
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENDEAVOR ESTATES, 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:

Amar Lohit Vajja

Name of Person

ENDEAVOR ESTATES, LLC

Firm/Company

6447 Malaga

Address

Irving TX, 75039

City/State and Zip Code

amarv@endeavorestates.com

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

For further information concerning this matter, please call:

Amar Lohit Vajja

1

214-886-8540

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. ENDEAVOR ESTATES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Endeavor Estates Florida, 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, USA
(Jurisdiction under the law of which foreign limited liability company is organized)
3.
(FBI 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. 3127 Lakeview Blvd
(Street Address of Principal Office)
Delray Beach, Florida
33445
6. 3127 Lakeview Blvd
(Mailing Address)
Delray Beach, Florida
33445

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Jacob Ray
Office Address: 3127 Lakeview Blvd
Delray Beach, Florida 33445
(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.

Jacob Ray
(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]:

Title or Capacity: Manager
Name and Address: Name: Kevin Deon Jackson
Address: 17272 Newhope St
Cabana 10, Fountain Valley
CA 92708
 Member
 Authorized Person
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: Amar Lohit Vajja
Address: 6447 Malaga
Irving
TX 75039
 Member
 Authorized Person
 Other _____ Other _____

Manager
Name and Address: Name: Zachary Oppenheim
Address: 3303 NE 32nd St
Fort Lauderdale
FL 33308
 Member
 Authorized Person
 Other _____ Other _____

Manager
Name and Address: Name: Jacob Ray
Address: 3127 Lakeview Blvd
Delray Beach
Florida 33445
 Authorized Person
 Other _____ Other _____

Manager
Name and Address: Name: _____
Address: _____

 Member
 Authorized Person
 Other _____ Other _____

Manager
Name and Address: Name: _____
Address: _____

 Member
 Authorized Person
 Other _____ 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.

Amar Lohit Vajja

Signature of an authorized person

Amar Lohit Vajja

Typed or printed name of signee



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 Endeavor Estates LLC (file number 805092140), a Domestic Limited Liability Company (LLC), was filed in this office on June 07, 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 November 25, 2023.



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

Jane Nelson
Secretary of State