

M2400003801036  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
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  
SGV Orlando LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED

2024 JAN 29 AM 10:17

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 JAN 29 PM 6:32

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SGV Orlando 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:

Gayle R. Williams  
Name of Person

Frost Brown Todd LLP  
Firm/Company

400 West Market Street, Suite 3200  
Address

Louisville, Kentucky 40202  
City/State and Zip Code

gwilliams@fbtlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gayle R. Williams at (502) 779-8741  
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

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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:

1. SGV Orlando 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. Delaware  
(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)

5. 2101 Park Center Drive, Suite 150  
(Street Address of Principal Office)

6. 2101 Park Center Drive, Suite 150  
(Mailing Address)

Orlando, Florida 32835

Orlando, Florida 32835

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

Name: CAPITOL CORPORATE SERVICES, INC.

Office Address: 515 EAST PARK AVENUE 2ND FLOOR

TALLAHASSEE, Florida 32301  
(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.

Kim Tadlock Kim Tadlock, 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 type="checkbox"/> Manager	Name: <u>Victor M. Munoz</u>	<input checked="" type="checkbox"/> Manager	Name: <u>SGV Management Company LLC</u>
<input checked="" type="checkbox"/> Member	Address: <u>10330 Westview Drive #5</u>	<input type="checkbox"/> Member	Address: <u>10330 Westview Drive #5</u>
<input type="checkbox"/> Authorized	<u>Houston, Texas 77043</u>	<input type="checkbox"/> Authorized	<u>Houston, Texas 77043</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 _____
<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.

/s/ Nicole Karr

Signature of an authorized person

Nicole Karr

Typed or printed name of signee

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# Delaware

The First State

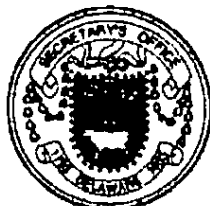
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SGV ORLANDO LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SGV ORLANDO LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

2961386 8300

SR# 20240200571

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202641428

Date: 01-23-24

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