

MA2400003726

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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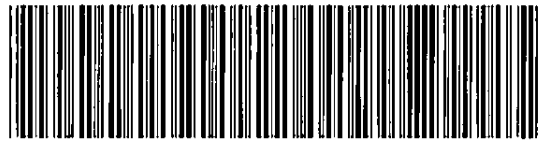
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

T. LEMIEUX

MAR 25 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Magnolia Pearl, 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:

Theresa Harris  
Name of Person

Magnolia Pearl, LLC  
Firm/Company

461 Split Rail Xing  
Address

Fredericksburg Texas 78624  
City/State and Zip Code

Theresa @ magnolia pearl . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Harris at ( 830 ) 362-1009  
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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Magnolia Pearl, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

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

2. Texas 3. 37-1658093  
(Jurisdiction under the law of which foreign limited liability company is organized.) (FD number, if applicable.)

4. \_\_\_\_\_  
(State and unincorporated business or locality, if prior to incorporation. (See sections 605.001 & 605.002, F.S. to determine details of liability.)

5. 461 Split Rail Xing 6. 461 Split Rail Xing  
(Street Address of Principal Office) (Mailing Address)  
Fredericksburg TX Fredericksburg TX  
78624 78624

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

Name: Kathryn Echols  
Office Address: 2121 Pioneer Trl  
New Smyrna Beach, Florida 32168  
(City) (zip code)

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CLERK

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.

Kathryn Echols  
(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]:

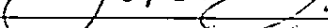
<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>John R Gray</u>
<input checked="" type="checkbox"/> Member	Address: <u>461 Split Rail Xing</u>
<input type="checkbox"/> Authorized	<u>Fredericksburg TX</u>
Person	<u>78624</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<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.

ated in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that  
to the Department of State constitutes a third degree felony as provided for in s.81

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

  
\_\_\_\_\_  
Typed or printed name of signer



## 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 Magnolia Pearl, LLC (file number 801526776), a Domestic Limited Liability Company (LLC), was filed in this office on December 27, 2011.

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

Delayed Effective date: January 01, 2012

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 March 01, 2024.



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

Jane Nelson  
Secretary of State