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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
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Foreign Limited Liability Company
MERITON, LLC

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H24000193833 3

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. Meriton, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. 83-3801275
(FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 8081 Royal Ridge Parkway
(Street Address of Principal Office)

6. 8081 Royal Ridge Parkway
(Mailing Address)

Irving, Texas 75063

Irving, Texas 75063

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 E. Park Ave., 2nd Floor

Tallahassee, Florida 32301
(City) (Zip code)

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.

Geneva Harrison
(Registered agent's signature)

Geneva Harrison, Asst. Secretary on
behalf of Capitol Corporate Services, Inc.

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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 checked="" type="checkbox"/> Manager	Name: <u>Gerald P. Braun</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Al Amerson</u>
<input type="checkbox"/> Member	Address: <u>8081 Royal Ridge Parkway</u>	<input type="checkbox"/> Member	Address: <u>8081 Royal Ridge Parkway</u>
<input type="checkbox"/> Authorized	<u>Irving, Texas 75063</u>	<input type="checkbox"/> Authorized	<u>Irving, Texas 75063</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Buddy Pace</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Ryan McLagan</u>
<input type="checkbox"/> Member	Address: <u>8081 Royal Ridge Parkway</u>	<input type="checkbox"/> Member	Address: <u>8081 Royal Ridge Parkway</u>
<input type="checkbox"/> Authorized	<u>Irving, Texas 75063</u>	<input type="checkbox"/> Authorized	<u>Irving, Texas 75063</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Tony Fagan</u>	<input type="checkbox"/> Manager	Name: <u>Melinda Lawrence</u>
<input type="checkbox"/> Member	Address: <u>8081 Royal Ridge Parkway</u>	<input type="checkbox"/> Member	Address: <u>8081 Royal Ridge Parkway</u>
<input type="checkbox"/> Authorized	<u>Irving, Texas 75063</u>	<input type="checkbox"/> Authorized	<u>Irving, Texas 75063</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Chief Financial Officer</u>	<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

Melinda Lawrence, Chief Financial Officer

Typed or printed name of signer

H24000193833 3

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



H24000193833 3
Jane Nelson
Secretary of State

Office of the Secretary of State

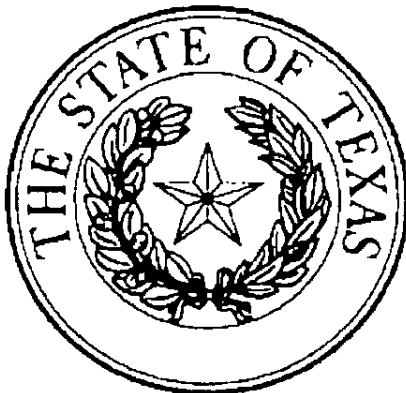
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Meriton, LLC (file number 803227589), a Domestic Limited Liability Company (LLC), was filed in this office on February 01, 2019.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 May 21, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State