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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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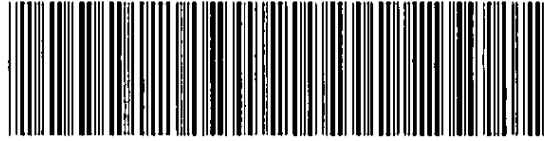
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Saltire Palms, 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:

Michael Dec
Name of Person

Saltire Palms, LLC
Firm/Company

3514 Armstrong St.
Address

Dallas, Texas 75205
City/State and Zip Code

m.dec@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Michael Blaney</u>	<u>832</u>	<u>465-5851</u>
Name of Contact Person	at (<u> </u>) 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**

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$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. Saltaire Palms, 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
(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. 3514 Armstrong St.
(Street Address of Principal Office)

6. 3514 Armstrong St.
(Mailing Address)

Dallas, TX 75205

Dallas, TX 75205

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N Suite 300

St. Petersburg , Florida 33702
(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.

David Roberts
(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)

Title or Capacity:		Name and Address:	Title or Capacity:		Name and Address:
<input checked="" type="checkbox"/> Manager	Name	Michael Dee	<input checked="" type="checkbox"/> Manager	Name	Shelly Dee
<input checked="" type="checkbox"/> Member	Address	1514 Armstrong St	<input checked="" type="checkbox"/> Member	Address	1514 Armstrong St
<input checked="" type="checkbox"/> Authorized		Dallas, TX 75205	<input checked="" type="checkbox"/> Authorized		Dallas, TX 75205
	Person			Person	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other

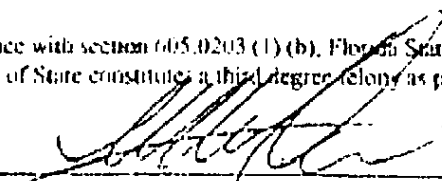
<input type="checkbox"/> Manager	Name		<input type="checkbox"/> Manager	Name	
<input type="checkbox"/> Member	Address		<input type="checkbox"/> Member	Address	
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized		
	Person			Person	
<input type="checkbox"/> Other		<input type="checkbox"/> 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 indexed for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 (the translator must be submitted))

I. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information omitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.



 Signature of authorized person

Michael Dee

 Typed or printed name of officer



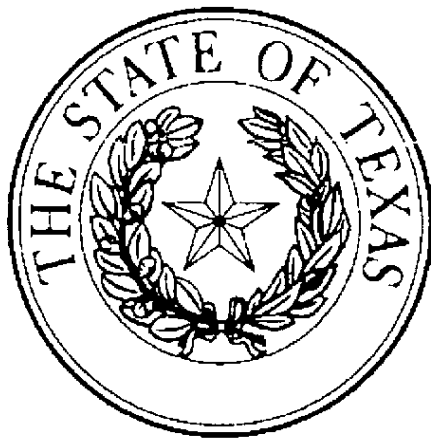
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Saltaire Palms, LLC (file number 805262111), a Domestic Limited Liability Company (LLC), was filed in this office on October 11, 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 June 20, 2024.



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

Jane Nelson
Secretary of State