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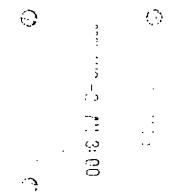
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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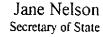
TO: Registration Section Division of Corporations
SUBJECT: Notland Andalusia LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Ann G. Walton Name of Person
- Notlaw Andalusia, LLC (BUSD Garland Road Firm/Company
1433 Sepeno Dink Dalkis, TX 75218 (Person
5 N
City/State and Zip Code
C Natton 639 6 and CoM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Acr Walton at 214 837-5768 Name of Contact Person Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing 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 \$\Bigsigma\$ \$125.00 Filing Fee \$\Bigsigma\$ \$130.00 Filing Fee & \$\Bigsigma\$ \$155.00 Filing Fee & \$\Bigsigma\$ \$160.00 Filing Fee, Certificate Certificate of Status \$\Bigsigma\$ Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05:0902, FLORIDA STATUTES, THE FO COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:				LLABIIJI)
1. NGHAN AND AGIUSIA LINATED INSTRUMENT MANAGE LINATED COMPANY: must include "Linated Limited Limited Company: must include "Linated Linated L	Liability Company " "T. L.	2 Par 01 1 P Pr	·	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Flo	rida. The alternate name must in	iclude "Limited Liability Compa	ny," "L.L.C," or "[A.C.")
(Insolution under the law of which to eign limited liability company is organized)	3 _ \$2-	2776653 (FEI autober, it applicable	(C)	
4. Date first transacted business in Florida, it prior to re (See sections 605,0904 & 605,0905, F.S. to determin				
(See seethous 605,0904 & 605 0905, F.S. to determin	e penalty hability)			
Sucet Address of Principal Pilices	6. SAM	E.		
Dallas TX 7528				
				0
. Name and street address of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	Ŭ	1.3 2.3 2.4	_
			<u> </u>	•
Name: Ann G Valto	`		. S	
Office Address: 200 N Anda U	sia Ave		္	
5RB	Florida	3245,9	00	
Registered agent's acceptance:		Trian Court		

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.

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: Manager ☐ Manager Name: _____ Member □Member Address: MAuthorized □ Authorized Person Person □Other____ COther_____ □Other___ EIOther_____ \square Manager Name: _____ □Manager □Member Address: \square Member Address: \square Authorized ☐ Authorized Person Person []Other_ □Other_____ □Other__ □Other_____ □ Manager Name: □ Manager T []Member Address: □Member Address: \Box Authorized ☐ Authorized Person Person ∐Other _Other___ □Other___ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.





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 Notlaw Andalusia, L.L.C. (file number 802802867), a Domestic Limited Liability Company (LLC), was filed in this office on August 28, 2017.

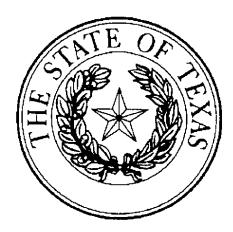
It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate ANN G. WALTON as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

8652 GARLAND ROAD

DALLAS, TX - 75218 USA

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 July 10, 2024.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jane Helson

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services

Document: 1380444030003

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Notlaw Andalus	SIC LLC Limited Liability Company
The enclosed "Application by Foreign Limited Liability Con Existence, and check are submitted to register the above refe	opany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the	c following:
Ann G	Walter Name of Person
Notlaw Andal	USia, LLC 8652 Garland Road
1433 Sepeno	Drive, Dalks TX 75218 (Person
	5 V
City/	State and Zip Code
CNATON 129 (A	O) an CoM ed for future annual report notification)
For further information concerning this matter, please call:	
Aon Walten Name of Contact Person	at ($\frac{214}{214}$) $\frac{837.5768}{200}$ 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
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

name (may adable, enter alternate u	nne adopted for the purpose of transacting business	n Florida. The afternate name must include "Lamited."	Liability Company," "L.I. C." or "	LLC")
		3	aber, 17 applicable)	-
	(Date first translated business in Florida, if proseness on Sections 605 000st A 605 000s, F.S. to de	r to registration) ermore penalty hability)		
ELS 2 Cu	Rland Road	6. SAME. (Mailing Address)		
Dallas	7x 75218			-
			9	- (<u>;</u>
	of Florida registered agent: (P.O)			
	Ann G Wat	~~~~	, ,	
Name:			1	
Name: Office Address:	Ann G Wate	lusia Ave	 ယ <u>့</u>	• •**
Name: Office Address:		$\frac{1051a Ave}{\text{Capcodet}}$. Florida $\frac{32}{\text{Capcodet}}$	45 8	
egistered agent's accept aving been named as reg signated in this applicat comply with the provisi	ance: istered agent and to accept service ion, I hereby accept the appointmes		l liability company at the	her agree

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 Capacit	<u>iv:</u>	Name and Address
Manager	Name Ann G. Walton	□Manager	Name.	
Member	Address: 1433 Sekeno Dr	□Member	Address:	
ZAuthorized	Dallas, Tx 75218	□Authorized		
Person		Person		
Other	Other	□Other		□Other
∃Manager	Name:	ClManager	Name:	
JMember	Address:	□Member	Address: _	
]Authorized		□Authorized		·
Person		Person		
IlOther	Other	[]Other		□Other
lManager	Name;	□Manager	Name:	
lMember	Address:	ПМетьег	Address:	<u> </u>
7Authorized		□Authorized		
Person		Person		
]Other	Other	니Other		□Other

- 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.

Ann G Waltur

Typed or printed name of signee

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



Office of the Secretary of State

Certificate of Fact

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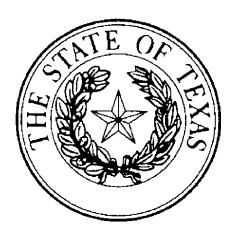
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Jane Helson

Jane Nelson Secretary of State