

M24000010181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

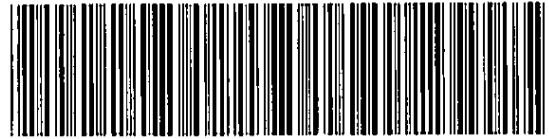
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPROVED  
AND  
FILED  
2024 AUG -9 PM 4:02  
CLERK OF SUPERIOR COURT  
STATE OF MICHIGAN

AUG 08 2024

C. Brumbley

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KATALINA GONZO INVESTMENTS 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

ANGEL GONZALES  
Name of Person

KATALINA GONZO INVESTMENTS LLC  
Firm Company

2501 N. HIGHWAY 77 STE 101  
Address

WAXAHACHIE TX 75165  
City State and Zip Code

agc.office@llgc.customhomes.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHERINE BAILEY at 912 515-1807  
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 KATALINA GONZO INVESTMENTS 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 3 \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4 Sept 19 2020  
(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5 2591 N. HIGHWAY 77 Ste 101 6 2591 N. HWY 77 Ste 101  
(Street Address of Principal Office) (Mailing Address)

WAXAHACHIE TX 75165 WAXAHACHIE TX 75165

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

Name: ALEX LAMBERSON  
Office Address: 141 Southern Pines Rd.  
Santa Rosa Beach, Florida 32459  
(Zip Code)

2024 AUG -9 PM 4: 02  
APPROVED  
AND  
FILED

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.

[Signature]  
(Registered agent's signature)

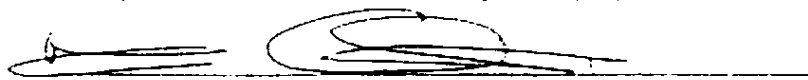
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

| <u>Title or Capacity:</u>  | <u>Name and Address:</u>                                | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>             |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Manager   | Name <u>ANGEL GONZALES</u>                              | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member  | Address: <u>2591 N. HIGHWAY 77</u>                      | <input type="checkbox"/> Member            | Address _____                        |
| <input type="checkbox"/> Authorized Person                                 | <u>STE 101</u><br><u>WAXAHACHIE, TX</u><br><u>75165</u> | <input type="checkbox"/> Authorized Person | _____                                |
| <input checked="" type="checkbox"/> Other <del>XXXXXX</del><br><u>AMBR</u> | <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 Person                                 | _____   | <input type="checkbox"/> Authorized 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 Person                                 | _____   | <input type="checkbox"/> Authorized 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.

  
 \_\_\_\_\_  
Signature of an authorized person  
Angel Gonzales  
 \_\_\_\_\_  
Typed or printed name of signer

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



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 Katalina Gonzo Investments LLC (file number 803528242), a Domestic Limited Liability Company (LLC), was filed in this office on January 24, 2020.

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 August 09, 2024.



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

Jane Nelson  
Secretary of State