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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:_	10/14/2024							
Name:	Patrice Rush							
Refere	nce #: <b>2396609</b>							
Entity Name: SL GATLIN BLVD GP, LLC								
	Articles of Incorporation/Authorization							
	Amendment							
	Change of Agent							
	Reinstatement							
	Conversion							
	Merger							
	☐ Dissolution/Withdrawal							
	Fictitious Name							
	Other							
	ized Amount: \$125.00							
Signati	ure:	<u></u>						

F: 800.944.6607

F: +852.2682.9790

### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	SL Gatlin Blvd GP, LLC						
SUBJECT	Name of Limited Liability Company						
The enclosed "A Existence, and o	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of theck 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:						
	Ethan Prescott						
	Name of Person						
	StreetLevel Investments						
	Firm/Company						
	5950 Berkshire Lane, Suite 700						
Address							
	Dallas, Texas 75225						
City/State and Zip Code							
	eprescott@streetlevelinvestments.com  E-mail address: (to be used for future annual report notification)						
For further infor	rmation concerning this matter, please call:						
	Name of Contact Person Area Code Daytime Telephone Number						
Divisio Registi P.O. B	ING ADDRESS: on of Corporations Division of Corporations ration Section ox 6327 Clifton Building assee, FL 32314 Clifton Building Tallahassee, FL 32301						
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE						
□sı	25.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Copy of Status & Certified Copy						

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	SL Gatlin Blvd GP, LLC  (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")								
(16 =====	l. bf	day of the share and the same of the same	orida. The ulterna	ste name must make	"Limited Linkshry Course				
	ne unavailable, enter alternate name adopted for the purpose of transacting business in Flor Texas		onda The atten	33-1405114					
<del></del> ()	Jurisdiction under the law of which	-	(FEI number, if applicable)						
4		(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to deter-							
		(See sections 605 0904 & 605 0905, F.S. to detert	nune penalty liabil	•					
5.	5950 Berkshire Lane, Suite 700		6						
_	(Street Address of Principal Office)			(Mailing Address)					
_	Dallas, T	X 75225		Dallas, TX 75225					
_			_	_		. 22			
7. N	ame and <u>street address</u> o	of Florida registered agent: (P.O. Bo	x <u>NQT</u> acce	eptable)		  			
	Name: _	Cogency Global Inc.							
Office Address:		115 North Calhoun St. St	uite 4			 CO			
		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.

Katie Nicholson, Assistant Secretary

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Adam Schiller Brian G. Murphy Name: Manager Name: Address: \_\_\_ 5950 Berkshire Lane, Suite 7 Address: 5950 Berkshire Lane, St **⊠** Member Dallas, TX 75225 Dallas, TX 75225 Authorized ☐ Authorized Person Person Other\_\_\_\_\_ Other | Other Other Manager Member Address: \_\_\_\_ Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other\_\_\_\_ Other \_\_\_\_\_ Other\_\_\_ Other Name: \_\_\_\_\_ Manager Address: \_\_\_\_\_ Member | | Member Address: 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. /s/ Adam Schiller Signature of an authorized person Adam Schiller

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

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SL Gatlin Blvd GP, LLC (file number 805736165), a Domestic Limited Liability Company (LLC), was filed in this office on October 07, 2024.

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 October 11, 2024.



Phone: (512) 463-5555

Prepared by: SOS-WEB

gave Helson

Jane Nelson Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1412765180003