# MAY00013/34

| (Re                                     | equestor's Name)   | <u> </u>        |  |  |
|---|--------------------|-----------------|--|--|
| (Ac                                     | idress)            |                 |  |  |
| (Ac                                     | ddress)            |                 |  |  |
| (Ci                                     | ty/State/Zip/Phone | <del>?</del> #) |  |  |
| PICK-UP                                 | MAIT WAIT          | MAIL            |  |  |
| (Bu                                     | usiness Entity Nan | ne)             |  |  |
| (Do                                     | ocument Number)    |                 |  |  |
| Certified Copies                        | _ Certificates     | of Status       |  |  |
| Special Instructions to Filing Officer: |                    |                 |  |  |
|   |                    |                 |  |  |
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## COVER LETTER

TO:

Registration Section

| Div  | dision of Corporations  |  |
|--|---|--|
| SUBJECT:   | Klein Tante Haus LLC  | Same of Limited Liability Company  |
| The enclosed<br>Existence, at  | d "Application by Foreign Limited Liab<br>nd check are submitted to register the a  | bility Company for Authorization to Transact Business in Florida," Certificate of<br>bove referenced foreign limited liability company to transact business in Florida |
| Please return  | tall correspondence concerning this ma  | itter to the following:  |
|  | Kun Howerter  |  |
|  |   | Name of Person   |
|  |   | Firm'Company   |
|  | 2336 King Arthur Blvd   |  |
|  |   | Address  |
|  | Lewisville TX 75056   |  |
|  |   | City/State and Zip Code  |
|  | klibones(a ginail.com   |  |
|  | E-mail address.   | tto be used for futore annual report notification)   |
| For further in   | uformation concerning this matter, plea   | se call:   |
| Kin  | n Howerter  | 214 477-0453<br>at ( )   |
|  | 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. Mouroe Street, Suite 810 Tallahassee, FL 32303                         |
| Plet   | rlosed is a check for the following amorase make check payable to: FLORIDA<br>\$125.00 Filing Fee S130 00 Filin<br>Certific | DEPARTMENT OF STATE  |

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

IN COMPLIANCE WITH SECTION 615.0602, FLORIDA STATULIS. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA.

| Fexas  |   | 93-1844322<br>3. |                |   |
|--|---|------------------|----------------|---|
|  | ties foreign fronted hability company is organized)   | ha (l. 1 1.a.    | (Elliander, il | (apol cable)  |
| <del>Augus</del> 2024 – Wa                           | thing on approved. Would like   |                  | 1 2024         | _   |
|  | One first transacted business in Florida, it prior to re-<br>oSee sections 605 0601 & 605 0605, US as determine |                  |                |   |
| ert Address of Principal (1996)                      | g Arthur Blue   | e. 33            | 36 King        | Arthur Blud   |
| Lewisville   | 7x 75056  | العالمان         | sville Tx      | 75056   |
| address of K   | lein Tanke Hauselle   |                  |                |   |
|  | is of Florida registered agent: (P.O. Box.)   | NOT accentable)  |                | 2024  |
| Name and street addres                               |   |                  |                |   |
| Name and <u>street addres</u>                        | s or Frontia registered agent. (17.0), pox. ;   |                  |                | S -   |
|  | Isaiah Robbins  |                  |                | 100 - |
| Name and <u>street addres</u> Name:  Office Address: |   |                  |                | DCT-1 PH 3: 2!  |

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.

(Registerer 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].

| Title or Capacity: | Name and Address:              | Title or Capacity:  | Name and Address:              |
|--------------------|--------------------------------|---------------------|--------------------------------|
| ⊏Manager           | Name: Kim Howerter             | □Manager            | Name: James Richie             |
| <b>■</b> Membei    | Address: 2336 King Arthur Blvd | □ Member            | Address: 2336 King Arthur Blvd |
| □Authorized        | Lewisville TX 75056            | <b>≅</b> Authorized | Lewisville TX 75056            |
| Person             |                                | Person              |                                |
| LOther             | Other                          | Other               | LIOther                        |
| □Manager           | Name:                          | □ Manager           | Name:                          |
| □Member            | Address:                       | □Member             | Address:                       |
| □Authorized        |                                | □ Authorized        |                                |
| Person             |                                | Person              |                                |
| □Other             | ∐Other                         | _ Other             | LiOther.                       |
| ∐Manager           | Name:                          | ∐Manager            | Name:                          |
| [].Meinber         | Address;                       | □ Member            | Address:                       |
| □.Authorized       |                                | □ Authorized        |                                |
| Person             |                                | Person              |                                |
| □Other             |                                | □Other              | □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 filting 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.

Kim Howester

Typed or printed name at agree

Corporations Section P.O.Box 13697

Austin, Texas 78711-3697



Jane Nelson Secretary of State

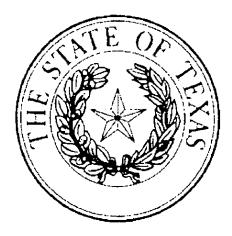
# Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Klein Tante Haus LLC (file number 805045335), a Domestic Limited Liability Company (LLC), was filed in this office on May 04, 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 September 25, 2024.



Jave-Rebook

Jane Nelson Secretary of State