

M24000013871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

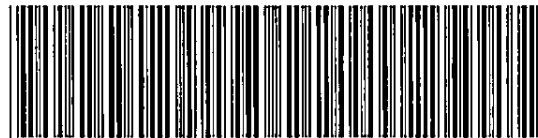
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TALLAHASSEE, FLORIDA

OCT 30 2024

K. Brumbley

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 10/30/2024  
Acc#I20160000072

*en: c SW*

|             |                  |
|-------------|------------------|
| Name:       | LSREF7 Size, LLC |
| Document #: |                  |
| Order #:    | 15947381         |

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| Plain Copy:                       | <input type="checkbox"/> |                         |  |
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| Amount: \$ | 155.00 |
|------------|--------|

Thank you!

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LSREF7 Size, 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:

Charlie Dampier

\_\_\_\_\_  
Name of Person

Hudson Advisors L.P.

\_\_\_\_\_  
Firm/Company

6688 N. Central Expressway, Suite 1400

\_\_\_\_\_  
Address

Dallas, TX 75206

\_\_\_\_\_  
City/State and Zip Code

entitymanagementdallas@hudson-advisors.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlie Dampier

214

754-8681

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. 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. LSREF7 Size, 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. Delaware 3. 33-1354551  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/1/2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6688 North Central Expressway 6. 6688 North Central Expressway  
(Street Address of Principal Office) (Mailing Address)

Suite 1600 Suite 1600

Dallas, TX, 75206 Dallas, TX 75206

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

APPROVED  
AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

By: C T Corporation System Sandra Zwijack  
*Sandra Zwijack* 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]:

| <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>LSREF7 Size Loan Holdings, LLC</u> | <input type="checkbox"/> Manager                                | Name: <u>LSREF7 Size REO Holdings, LLC</u> |
| <input checked="" type="checkbox"/> Member                 | Address: <u>190 Elgin Avenue, George</u>    | <input checked="" type="checkbox"/> Member                      | Address: <u>6688 North Central Expwy</u>   |
| <input type="checkbox"/> Authorized                        | <u>Town, Grand Cayman, KY1-9008</u>         | <input type="checkbox"/> Authorized                             | <u>Suite 1600, Dallas, TX, 75206</u>       |
| Person   | _____                                       | Person  | _____                                      |
| <input type="checkbox"/> Other _____                       | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____                            | <input type="checkbox"/> Other _____       |
| <br>   |   | <br>  |  |
| <input type="checkbox"/> Manager                           | Name: <u>Laura P. Sims</u>                  | <input type="checkbox"/> Manager                                | Name: <u>Faith McManus</u>                 |
| <input type="checkbox"/> Member                            | Address: <u>6688 North Central Expwy</u>    | <input type="checkbox"/> Member                                 | Address: <u>6688 North Central Expwy</u>   |
| <input checked="" type="checkbox"/> Authorized             | <u>Suite 1600, Dallas, TX, 75206</u>        | <input type="checkbox"/> Authorized                             | <u>Suite 1600, Dallas, TX, 75206</u>       |
| Person   | _____                                       | Person  | _____                                      |
| <input checked="" type="checkbox"/> Other <u>President</u> | <input type="checkbox"/> Other _____        | <input checked="" type="checkbox"/> Other <u>Vice President</u> | <input type="checkbox"/> Other _____       |
| <br>   |   | <br>  |  |
| <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 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

Laura P. Sims, President

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LSREF7 SIZE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



5431790 8300

SR# 20244082186

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204755857

Date: 10-30-24