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| Certified Copies             | Cedificates o           | of Status |
| Certified Copies             | Certificates o          | JUNE      |
|                              |                         |           |
| Special Instructions to Fili | ing Officer:            |           |
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Office Use Only



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### **COVER LETTER**

| SHDIECT.                              | Barnes Property Management, LLC   |   |  |  |
|---------------------------------------|---|---|--|--|
| ODJECT:                               | Nan   | ne of Limited Liability Company   |  |  |
| The enclosed<br>Existence, an         | "Application by Foreign Limited Liability d check are submitted to register the above   | Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor |  |  |
| lease return                          | all correspondence concerning this matter   | to the following:   |  |  |
|                                       | John or Deanna Barnes   |   |  |  |
|                                       |   | Name of Person  |  |  |
|                                       | Barnes Property Management, LLC   |   |  |  |
|                                       | Firm/Company  |   |  |  |
|                                       | 1408 Merion Drive   |   |  |  |
|                                       |   | Address   |  |  |
|                                       | Mansfield, TX 76063   |   |  |  |
|                                       | (   | City/State and Zip Code   |  |  |
|                                       | dbarnes52@outlook.com   |   |  |  |
|                                       | E-mail address: (to b   | e used for future annual report notification)   |  |  |
| or further in                         | formation concerning this matter, please ca   | all:  |  |  |
| Deanna Barnes                         |   | at ()   |  |  |
|                                       | Name of Contact Person  | Area Code Daytime Telephone Number  |  |  |
| Mailing Address: Registration Section |   | Street Address: Registration Section  |  |  |
| Division of Corporations              |   | Division of Corporations  |  |  |
| P.O. Box 6327                         |   | The Centre of Tallahassee   |  |  |
| Tallahassee, FL 32314                 |   | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303   |  |  |
| Pleas                                 | osed is a check for the following amount:<br>se make check payable to: FLORIDA DEF<br>125.00 Filing Fee  S130.00 Filing Fe<br>Certificate | re & 🔲 \$155.00 Filing Fee & 💢 \$160.00 Filing Fee, Certificate   |  |  |

# 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 FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (If name unavailable, enter alternate name adopted for the purpose of transacting busines.  Texas  [Ourisdiction under the law of which foreign limited liability company is organized to the purpose of transacting busines.  [Ourisdiction under the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized to the law of which liability company is organized to the law of which liability company is organized to the law of which liability company is organized to the law of which liability company is organized to the law of which liability company is organized to the law of which liability company is organized to the law of which liabil | The second of th |
|--|--|
| Texas  2.  | 3 (FEI number, 11 applicable)  |
| (Date first transacted business in Florida, if p<br>(See sections 605,0904 & 605,0905, F.S. to<br>129A La Valencia Circle<br>5.<br>Street Address of Principal Office)   |  |
| 129A La Valencia Circle<br>Street Address of Principal Office)   | Consider to an instantion of   |
| Street Address of Principal Office)  | o determine penalty liability)   |
| Street Address of Principal Office)  | 1408 Merion Drive  |
| Panama City Beach, FI. 32413   | (Mailing Address)  |
|  | Manfield, TX 76063   |
| 7. Name and <u>street address</u> of Florida (egistered agent: (P.O.   | D. Box NOT acceptable)   |
| Jetf Mason<br>Name:  | D. Box NOT acceptable)  APPRO FILE AND FILE FILE AND FILE FILE FILE FILE FILE FILE FILE FILE   |
| Office Address: 131 Summer Breeze Road   |  |
| Panama City Beach  | 32413  |
| (Cny)  | (Zip code)   |

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.

| J. | 10em                           |  |
|--|--------------------------------|--|
|  | (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]:

| Title or Capacity: | Name and Address:          | Title or Capacity: | Name and Address:          |
|--------------------|----------------------------|--------------------|----------------------------|
| ■Manager           | Name:                      | □Manager           | Name: Deanna Barnes        |
| □Member            | Address: 1408 Merion Drive | ■Member            | Address: 1408 Merion Drive |
| □Authorized        | Mansfield, TX 76063        | □Authorized        | Mansfield, TX 76063        |
| Person             |                            | Person             | ·                          |
| □Other             | Other                      | □Other             | □Other                     |
| □Manager           | Name:                      | □Manager           | Name:                      |
| □Member            | Address:                   | □Member            | Address:                   |
| □Authorized        |                            | □Authorized        |                            |
| Person             |                            | Person             |                            |
| □Other             | Other                      | □Other             | Other                      |
| □Manager           | Name:                      | ⊡Manager           | Name:                      |
| □Member            | Address:                   | □Member            | Address:                   |
| □Authorized        |                            | □Authorized        |                            |
| Person             |                            | Person             |                            |
| □Other             | Other                      | □Other             | □Other                     |
|                    |                            |                    |                            |

<u>Important Notice:</u> 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.

John Barnes



# 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 Barnes Property Management, LLC (file number 802400155), a Domestic Limited Liability Company (LLC), was filed in this office on February 25, 2016.

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

Delayed Effective date: March 01, 2016

It is further certified that our records indicate JOHN CLINTON BARNES as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1408 MERION DR.

MANSFIELD, TX - 76063 76063 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 November 14, 2024.



gave Helson

Jane Nelson Secretary of State

Phone: (512) 463-5555