

**M250000540**

Florida Department of State  
Division of Corporations  
Electronic Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407)843-4600  
Fax Number : (407)377-6544

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
**FLEITES FAMILY REAL ESTATE HOLDINGS, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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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. FLEITES FAMILY, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

FLEITES FAMILY REAL ESTATE HOLDINGS, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(PIR number, if applicable)

4. UPON FILING OF THIS APPLICATION  
(Date first transacted business in Florida, if prior to registration.  
(See sections 605.0904 & 605.1905, F.S. to determine penalty liability))

5. 5580 E GRANT STREET  
(Street Address of Principal Office)

6. POST OFFICE BOX 622648  
(Mailing Address)

ORLANDO, FLORIDA 32822

ORLANDO, FLORIDA 32882

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

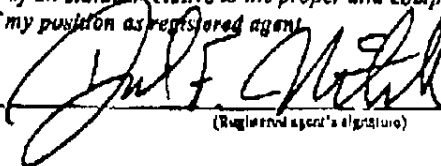
Name: DANIEL McINTOSH

Office Address: 215 NORTH EOLA DRIVE

ORLANDO, Florida 32801  
(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.

  
(Registered agent's signature)

FILED  
2025 APR 17 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

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 checked="" type="checkbox"/> Manager | Name: <u>NORBERTO FLEITES, JR.</u>   | <input checked="" type="checkbox"/> Manager | Name: <u>JENNIFER FLEITES</u>        |
| <input type="checkbox"/> Member             | Address: <u>5580 E. GRANT STREET</u> | <input type="checkbox"/> Member             | Address: <u>5580 E. GRANT STREET</u> |
| <input type="checkbox"/> Authorized         | <u>ORLANDO, FLORIDA 32822</u>        | <input type="checkbox"/> Authorized         | <u>ORLANDO, FLORIDA 32822</u>        |
| Person                                      | _____                                | 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         | _____                                | <input type="checkbox"/> Authorized         | _____                                |
| Person                                      | _____                                | 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         | _____                                | <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.817.135, F.S.

*MF*

\_\_\_\_\_  
Signature of an authorized person

NORBERTO FLEITES, JR.

\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELANARE, DO HEREBY CERTIFY "FLEITES FAMILY, LLC" IS DULY FORMED UNDER THE LANS 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 SEVENTEENTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "FLEITES FAMILY, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

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



6830415 8300E

SR# 20251618335

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

*C. B. Sanchez*

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203466201

Date: 04-17-25