M25000007447

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500450212145

85/16.35--81828--821 ++138.36

COVER LETTER

The enclosed "Ap Existence, and ch	plication by Foreign Limited Liability C	e of Limited Liability Company Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florida to the following:
Existence, and ch	eck are submitted to register the above r orrespondence concerning this matter to	referenced foreign limited liability company to transact business in Florida
Please return all c	•	o the following:
	Dianne Horst	
		Name of Person
	Austin Major Group, LLC	
		Firm/Company
	1900 W. Kirkwood Blvd., Suite 2800C	
		Address
	Southlake, Texas 76092	
	Ci	ity/State and Zip Code
Г	Dianne@austinmajor.com	
_	E-mail address: (to be	used for future annual report notification)
For further inform	nation concerning this matter, please cal	l:
Dianne I	forst	214 396-6037
	Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section
		Division of Corporations The Centre of Tallahassee
	ssee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

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

IN COMPLANCE 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:

s in Florida 5.0905, F.S		egistration) ne penalty liability 1900 6.	302136 W. Kirkwo	(FEI numb	oer, if applicable	3	
		egistration) ne penalty liability 1900 6.	W. Kirkwo	(FEI numb	per, if applicable		-
s in Florida 5.0905, F.S	ida, si prior to re F.S. to determin	6. 1900	W. Kirkwo				
s in Florida 5.0905, F.S	ida, if prior to re F.S. to determin	6. 1900	W. Kirkwo				
		6					
		(Mailing Addres				
		c :		(8)			
		Suite	2800C	.=	·		
		South	lake, Texa	s 76092			
gent: (P	(P.O. Box	<u>NOT</u> accept	able))	75 H 9202	3
1200 South Pine Island Road			_			CUZS MAY 16	
			Florida .	33324		AH ::	
(City)	,			(Zip code)	프루		
cept ser	ointment as the proper a agent.	registered a and complete Christine Kelm	gent and a	gree to act .	in this capa	city. I fu	ırıl
cept ser	ointment as the proper a agent.	registe and co	ered a mplete • Kolm	ered agent and a mplete performa • Kolm	ered agent and agree to act mplete performance of my o • Kolm	ered agent and agree to act in this capa mplete performance of my duties, and i	

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: Name: ____ Name: Gabe Heckt □Manager □Manager 1900 W. Kirkwood Blvd Address: _ Address: _____ ■Member ■ Member Suite 2800C Suite 2800C □ Authorized ☐ Authorized Southlake, Texas 76092 Southlake, Texas 76092 Person Person □Other_ Other____ □Other Other _ Dianne Horst Name: □Manager □Manager Name: Address: ___ □Member Address: _____ 2800C Authorized ☐ Authorized Southlake, Texas 76092 Person Person □Other_____ Other____ Other____ Other___ □Manager Name: □Manager □Member Address: □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. Signature of an authorized person Dianne Horst - CFO

Typed or printed name of signee



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 Austin Major Group, LLC (file number 802234758), a Domestic Limited Liability Company (LLC), was filed in this office on June 15, 2015.

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 May 13, 2025.



Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services Document: 1480657840002