Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000219195 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)472-0533

\*\*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 EAST 57TH STREET PARTNERS, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 05       |
| Estimated Charge      | \$155.00 |

Electronic Filing Menu Corporate Filing Menu

Help

|   | CO   | OVER LETTER                                 |   | U25000240405  |
|---|--|---|---|---|
| .,,                                       | ration Section<br>on of Corporations   |   |   | H25000219195  |
| SUBJECT: Ea                               | ast 57th Street Partners, LLC  |   |   |   |
|   |  | Limited Liability (                         | Company   |   |
| The enclosed "A<br>Existence, and o       | Application by Foreign Limited Liability Contheck are submitted to register the above refe | ipany for Authoriza<br>renced foreign limit | ition to Transact Business i<br>led liability company to tra          | n Florida," Certificate of nsact business in Florida. |
| Please return all                         | correspondence concerning this matter to the   | e following:                                |   |   |
|   | 1  | Name of Person                              |   |   |
|   | Capitol Services - Corporate Filir   | ngs Team                                    |   |   |
|   |  | Firm/Company                                |   |   |
| IMPORTANT:                                | 515 East Park Avenue 2nd Fl  |   |   |   |
| The email address entered here will       |  | Address                                     |   |   |
| be utilized for<br>future annual          | Tallahassee, FL 32301  |   |   |   |
| eport notifications<br>and possibly other | City/S   | State and Zip Code                          |   |   |
| NOTIFICATIONS from the STATE              |  |   |   |   |
| to the entity!                            | E-mail address: (to be use   | ed for future annual                        | report notification)  |   |
| For further infor                         | mation concerning this matter, please call:  |   |   |   |
|   |  | at ( 855                                    | ) 498 - 5500  |   |
|   | Name of Contact Person   | Area Code                                   | Daytime Telephone   | Number  |
|   | ING ADDRESS:<br>on of Corporations   |   | STREET ADDRESS:<br>Division of Corporations                           |   |
| Registr                                   | ation Section  |   | Registration Section  |   |
|   | ox 6327<br>issee, FL 32314   |   | Clifton Building<br>2661 Executive Center Ci<br>Tallahassee, FL 32301 | rele  |
|   | ed is a check for the following amount:<br>make check payable to: FLORIDA DEPAR            | TMENT OF STAT                               | ГЕ  |   |
|   | 25.00 Filing Fee S130.00 Filing Fee  | & X \$155.00                                | Filing Fee & S160   | .00 Filing Fee, Certificate                           |

H25000219195

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

IN COMPLIANCE WITH SECTION (05:0912, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign   | Limited Liability Company; must include "Limited I   | .ntbili         | y Company," "L.L.C.," or "14 C.")                                       |                         |                          |                |
|--|--|-----------------|---|-------------------------|--------------------------|----------------|
| (If name unavailable, enter alternate r                  | ame adopted for the purpose of transacting business in Florid  | a, lhe d        | ternate name must include "Lamited Hability Co                          | mpany,""L"I.            | C," or "I I C.           | <del>"</del> ) |
| <sub>2.</sub> Texas                                      |  | 3.              | 46-4423336  |                         |                          |                |
| (Jurisdiction under the law of w                         | hich foreign limited hability company is organized)  |                 | (PBI number, if ap  | plicable)               |                          |                |
| 4. 06/09/2025  |  |                 |   |                         |                          |                |
| -  | (Date first transacted business in Florida, if prior to reg<br>(See sections 605,0904 & 605 0905, F.S. to determine  | penalty         | i)<br>lishdiry)   |                         |                          |                |
| 6030 E Mockingt  |  | 6.              | 6030 E Mockingbird Ln   |                         |                          |                |
| (Street Address of                                       | Principal Office)  |                 | (Mailing Address)   |                         |                          |                |
| Dallas, TX 7520  | 6  |                 | Dallas, TX 75206  |                         |                          |                |
|  |  |                 |   |                         |                          |                |
|  | <u> </u>   |                 | <del></del>   |                         |                          |                |
| 7. Name and street address                               | of Florida registered agent: (P.O. Box 2   | TON             | acceptable)   | •                       | 19 אטע געע               |                |
|  |  |                 |   |                         | 湮                        | •              |
| Name:  | Capitol Corporate Services, Inc  | <b>:</b> .      |   |                         |                          | ٠.             |
|  | 515 East Park Avenue 2nd Fl  |                 |   |                         | 1                        | . <u>.</u>     |
| Office Address:  | 515 East Fark Avenue 2nd Fi  |                 |   | •                       | -:-                      |                |
|  | Tallahassee  |                 | , Florida 32301   |                         | =                        |                |
|  | (Cuy)  |                 | (Zip code)  |                         |                          |                |
| designated in this applica<br>to comply with the provisi | gistered agent and to accept service of pro<br>tion, I hereby accept the appointment as r<br>ions of all statutes relative to the proper as<br>s of my position as registered agent. | regist<br>nd co | ered agent and agree to act in this<br>mplete performance of my duties. | capacity.<br>, and I am | . I furthe<br>i familiar | r agre<br>with |
|  | Stephanie Danny  | _               | behalf of Capitol Corp  | st. Secr<br>porate S    | •                        |                |
|  | (Registered agent's sign   | rature)         | CONTROL COMPANY   |                         |                          | -,,            |

H25000219195

| Manager    | Name and Address:            | Title or Capacit | <u>Y:</u>                               | Name and Address: |
|------------|------------------------------|------------------|---|-------------------|
|            | Name: Paula Amundson         | Manager          | Name:                                   |                   |
| _]Member   | Address: 1101 N. Business 45 | Member           | Address: _                              |                   |
| Authorized | Corsicana, TX 75110          | Authorized       |   |                   |
| Person     | pamundson@ebspartner.com     | 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            | <u> </u>                                | Other_            |

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

H25000219195

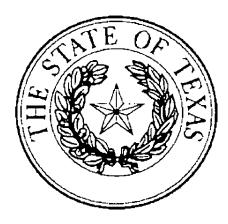
## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for East 57th Street Partners, LLC (file number 801900414), a Domestic Limited Liability Company (LLC), was filed in this office on December 18, 2013.

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 June 19, 2025.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jane Nelson Secretary of State

H25000219195

TID: 10264

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