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(Address)

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T. LEMIEUX

AUG 14 2025

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ACUITY RETAIL WHALEY, 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:

GARY W. COKER
Name of Person

GERMER PLLC
Firm/Company

P.O. Box 4915
Address

Beaumont, Texas 77704
City/State and Zip Code

cade@acuityhealthcarepartners.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY W. COKER at (409) 654-6780
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. ACUITY RETAIL WHALEY, 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. TEXAS
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 4725 AMARRA DRIVE
(Street Address of Principal Office)
AUSTIN, TEXAS 78735

6. 4725 AMARRA DRIVE
(Mailing Address)
AUSTIN, TEXAS 78735

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

Name: Jennifer Whaley

Office Address: 6868 County Road 305

Bunnell (City), Florida 32110 (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.

Jennifer Whaley
(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: Randy L. Schoenborn	■Manager	Name: Forrest Cade Simpson
☐Member	Address: 4725 Amarra Drive	☐Member	Address: 331 Forest Center Drive, Apt. 1
☐Authorized Person	Austin, TX 78735	☐Authorized Person	Kingwood, TX 77339
☐Other_____	☐Other_____	☐Other_____	☐Other_____
■Manager	Name: Jennifer Whaley	☐Manager	Name:
☐Member	Address: 6868 County Road 305	☐Member	Address:
☐Authorized Person	Bunnell, FL 32110	☐Authorized Person	
☐Other_____	☐Other_____	☐Other_____	☐Other_____
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized 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. 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

Forrest Cade Simpson, Manager

Typed or printed name of signee

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

Jane Nelson
Secretary of State

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 Acuity Retail Whaley, LLC (file number 806109246), a Domestic Limited Liability Company (LLC), was filed in this office on July 03, 2025.

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 July 31, 2025.

Jane Nelson
Secretary of State