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(Aut	11622)	
(City	//State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to Filing	g Officer:	
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Office Use Only



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RECEIVED

APR 0 1 2024 K. Brumbley CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 03/29/24 Order #: 1466495-1

Re: Sparrow Living, LLC Processing Method: Routine

### TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation

**AUTH** 

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# 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. Sparrow Living, LLC	Limited Liability Company; must include "Limite	ed Liability Compan	v""LLC "or"LLC")	
_				
(If name unavailable, enter alternate t	name adopted for the purpose of transacting business in F	lorida The alternate na	me must include "Limited Liability Co	ompany," "L L.C," or "Lt.C.")
Texas 2. (Jurisdiction under the law of which foreign limited liability company is organized)		82-1683417 3		
(Jurisdiction under the law of w	nich foreign limited hability company is organized)		(FEI number, if app	ncable)
Upon Filing				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) line penalty liability)		
5. (Street Address of Principal Office)		6	uling Address)	
2500 Bee Caves Rd	Bldg 1 Ste 380	2500 B	Bee Caves Rd Bldg 1 Ste	380
Austin, TX 78746		Austin,	TX 78746	20
7. Name and street addres	s of Florida registered agent: (P.O. Box	: <u>NOT</u> acceptab	le)	1
Name:	Corporation Service Company			<u> </u>
Office Address:	1201 Hays Street			1:27
	Tallahassee	·	32301 Florida	
	(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.

Corporation Service Company

By: Shauna Godbolt \_\_\_\_\_

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: Sparrow Capital Partners, LLC Manager □Manager Name: 2500 Bee Cave Rd, Bldg 1, \$ □Member □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\_\_\_\_\_ □Manager Name: □Manager Name: ☐ Member Address: □Member Address:

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.

□Other\_\_\_\_

☐ Authorized

Person

Other\_\_\_\_

☐ Authorized

Person

□Other

- 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.

Jeffrey L Patterson
Signature of an authorized person

Jeffrey L. Patterson, Manager of Sparrow Capital Partners, LLC

□Other\_\_\_\_

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



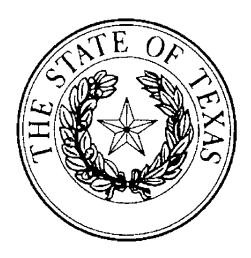
# Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Sparrow Living, LLC (file number 802730642), a Domestic Limited Liability Company (LLC), was filed in this office on May 25, 2017.

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 March 28, 2024.



gove Helson

Jane Nelson Secretary of State