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To:

Division of Corporations

Fax Number

: (858)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA8000000023 : (614)280-3338 Phone Fax Number : (954)208-0845 Resubmission, please keep file da of 12/15/201

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Foreign Limited Liability Company SHM CAPE HARBOUR, LLC

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COVER LETTER

	egistration Section livision of Corporat	ions						
SUBJECT	SHMCAPEHAI	BOUR,LLC						
		Name of Limited Liability Company						
		Foreign Limited Liability Comp itted to register the above refere						
Please retu	ira all correspondenc	e concerning this matter to the t	following:					
	JONATHA	NOLSEN						
		Na	me of Person					
	DENTONSUSILP							
	Firm/Company							
	2000 McKinney Avenue, Suite 1900							
			Address					
	DALLAS,TEXAS75201							
		City/St	ate and Zip Code					
	jhogg@shmar							
		E-mail address: (to be used	l for future annual	report not	ification)			
For further	r information concer	ning this matter, please call:						
	IONATHAN OLSEN		214 at (259-189	•			
-	Nam	e of Contact Person	Area Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301					
	is a check for the fold I \$125.00 Filing Fee		S155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co			

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE POLICIPING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

SHM CAPE HARBOL	ISINESS UN IHE STATE OF FLOR JR. LLC	KU14:			
	elgn Limited Liability Company	must include "Limite	d Liability Company.""	L.L.C., or	LES .
(If name unavailable, entered	Hernate name adopted for the pu	rpose of transacting hi	siness in Florida. The al	ternate name	must include "Limited
2 DELAWARE		3. N/A			
(Jurisdiction under the law company is organized)	of which foreign fimited liability	*	(FEI number, if	applicable)	
4.	(Date first transacted by (See sections 605,0904 &	isiness in Florida, if pr	ior to registration.).		
5. 14785 PRESTON RD		603.0903. F:S. 10 dete	rmine penaity nubinity).		
DALLAS, TX 75254					
	,	of Principal Office)			
6. 14785 PRESTON RD S	STE 975				6
DALEAS, TX 75254					
11.1	(Mali	ing Address)			SSE G
7. Name and street addres	s of Florida registered agent:	(P.O. Box NOT ac	ceptable)		
Name:	C T Corporation System		ا در این در این	•	
Office Address:	1200 SOUTH PINE ISLAN	ID ROAD			
	PLANTATION	· ·	, Florida 33324		
	(City).	{Zi _j	code)	
designated in this applica- to complywith the provision	unce: gistered agent and to accept tion, I hereby accept the app ons of all statutes relative to ny position as registered age	ointment as register the proper and com	ed agent and agree to	act in this	capacity. I further agree
	man a		Michael Jones	Acet Ser	retary
	(Re	gistaied agent kisigna	iire)	. A331. OC	or Octor y
8. The name: title or cano	city and address of the person	n(s) who has/have so	sthocitý to manage is/a	ne:	
	, a Delaware limited liability				
14785 Preston Rd. Ste 9					
	0			يم مسليميا أس	nearly in Commonder in the
y. Attached is a cermicate- jurisdiction under the law of the translator must be su	of existence; no more than 90 of which it is organized. (If the ibmitted)	e certificate is in a f	ordign language, a trai	ar naving cunstion of the	savay of jecords in the
	Signa	ture of an authorized p	erson		
This document is executed submitted in a document to	in accordance with section 60 the Department of State cons	05.0203 (1) (b), Flor	ida Statutes: I am awar felony as provided to	re that any fi r in s.817.11	ilse information 55, F.S.
	BARRE		Baxter R. Uno		
	ryped	or bimice agino 66,218	1 three		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SHM CAPE HARBOUR, LLC" IS DULY FORMED

UNDER THE LAWS 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 FIFTEENTH DAY OF DECEMBER, A.D. 2016.

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

6181680 8300

SR# 20167101690

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203522523

Date: 12-15-16