Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

Email Address:

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company
SPT Dolphin Mariners Cove LLC

Certificate of Status

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 Estimated Charge
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Corporate Filing Menu

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COVER LETTER

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SUBJECT: _		Name of	Limited Liability Compa	ny
				Transact-Business in Florida," Certifica offlity company to transact business in Flo
Please return a	d) correspondence	concerning this matter to the	following:	
	Nadine Bethur		•	
	****		ame of Person	
	Paul Hastings	LLP.		
	Firm/Company			
	1170 Peachtree-Street NE, Suite 100			
	Address Atlanta, GA 30309			
	-	City/S	tate and Zip Code	
	dnewberry@lnr			
		E-mail address: (to be use	d for future annual report	notification)
For further inf	ormation concernit	ng this matter, please call:		
Nadine Bethune		at (5-2231	
	Name	of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS:			STREET ADDRESS:	
Division of Corporations' Registration Section			Division of Corporations Registration Section	
P.O. Box 6327			Clifton Building	
'l'allai	Wallahassee, PL 32314		2661 Executive Center Circle Tallahussee, FL 32301	
Enclosed is a c	check for the follow			
■ \$125.00 Filing Fee		□ \$130.00 Filing Fee &	□ \$155,00 Filing Fee.	& 🔲 \$160.00 Filing Fee, Certificate

Are concentrations was an example.

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

IN COMPLIANCE WITH SECTION 605,0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGIV. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L SPT DOLPHIN MARINERS COVE LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," If name impressible, over alternate name adopted for the purpose of it must be stigma in Fluxida. The alternate many must include "Limited Limited Limited Family," "L.I.C." or "L.I.C.") 2. Delaware (Jurisdiction, under the law of which foreign limited liability company is organized) (leb) number; if goot cable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine among the billion of the control 591 West Putnam Avenue. 591 West Putnam Avenue (Street Address of Principal Office) (Mailing Address) Greenwich, CT 06830 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Registered agent's acceptance: Having been named as reelstered 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. C T Corporation System (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity; Andrew J. Sössen 591 West Putnam Avenue Greenwich, CT 06830 (Use attachments if necessary) 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 outh 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 defice felony as provided for in s.817.155, F.S. Jason

Typed or printed name of signet



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SPT DOLPHIN MARINERS COVE 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 FIFTH DAY OF DECEMBER, A.D. 2017.

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

SR# 20177385919

6641340 8300

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

Jeff by M. Stuffach, Secretary of State

Authentication: 203686264

Date: 12-05-17