M9QC05888

| (Requestor's Name) | _ |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | 7 |
| | |
| | |
| | |

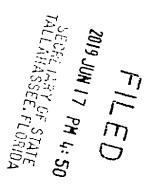
Office Use Only



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Y SCOTT JUN 1 8 2019

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 6/17/2019 | | <i>⇔WALK IN*</i> |
|---|--|--|
| ENTITY NAME 2036-20 | 044 BISPHAM ROAD LLC | WALK IN |
| DOCUMENT NUMBER_ | | . 2 |
| | **PLEASE FILE THE ATTACHED AND RETURN** | FILL I |
| <u> </u> | Plain Copy Certified Copy Certificate of Status | FILED JUN 17 PM 4: 50 CHINASSEE, FLORIDA |
| **; | PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTIT Certified Copy of Arts & Amendments | 74** |
| | Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINAT NUMBER OF CERTIFICAT | | |
| TOTAL OWED \$125 | снеск # <mark>6234</mark> | |
| Please call Tina at th | be above number for any issues or concerns. Than | k you so much! |

COVER LETTER

TO:

| TO: | Registration Section Division of Corporations | | | |
|-------------|---|---|---|---------------------------------------|
| SUBJE | 2036-2044 Bispham Road LLC | | | |
| ., ., ., ., | | Name of Limited Liability | y Company | _ |
| | closed "Application by Foreign Limited Lia ice, and check are submitted to register the | | | |
| Please i | return all correspondence concerning this n | natter to the following: | | |
| | Anthony Brennan | | | |
| | | Name of Person | | _ |
| | Berger Harris | | TAL | 3 810 |
| | 1105 N. Market Street, 11th Flo | Firm/Company oor | LAHAS | FILED |
| | | Address | wo wi | m = |
| | Wilmington, DE 19801 | | FLOR | P# 4: 5 |
| | abrennan@bergerharris.com | City/State and Zip Co | | o |
| | E-mail address | s: (to be used for future ann | ual report notification) | _ |
| For furt | ther information concerning this matter, ple | ase call: | | |
| | Olivia Snow | 302 at (| 476-8435 | |
| | Name of Contact Person | | de Daytime 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 Tallahassee, FL 32301 | |
| | Enclosed is a check for the following ame Please make check payable to: FLORID: \$125.00 Filing Fee \$130.00 f Certification | A DEPARTMENT OF ST Filing Fee & \$155. | 00 Filing Fee & S160,00 Filir | ng Fee, Certificate Certified Copy |

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Pelaware | nne adopted for the purpose of transacting bosiness in F | | are name most include "Emared Liability C | lompany,""I | 1. C," or " | |
|--|---|------------------------------------|---|-------------|-------------|-------------|
| (furnsherion under the law of wh | nich (oreign limited liability company is organized) | , | | | | |
| | nich toreign limited liability company is organized) | | | | | |
| N/A | | 3 | (FEI munber, if | (عاواهمانان | 2019 | _ |
| | | | | LAE! | 7019 JUN 17 | -1) |
| | (Date that transacted business in Florida, it prior to (See Sections 605,0904 & 605,0905, F.S. to deterr | registration.) nunc penalty hab | dity t | ASSE | J | [|
| 2036-2044 Bispham R | | رن 6 | o Corporation Service Compa | | P | T |
| (Street Address of P | rmeipal Office) | o | (Mailing Address) | r=10 | PM 4: | _C |
| 2036 Bispham Road | | 25 | 1 Little Falls Drive | ORIDA | 50 | |
| Sarasota, F1, 34231 | | | Wilmington, DE 19808 | | | |
| Name and <u>street addres</u> | s of Florida registered agent: (P.O. Bo | x <u>NOT</u> ace | eptable) | | | |
| Name: | United Corporate Services, Inc. | | <u> </u> | | | |
| Office Address: | 9200 South Dadeland Blvd. Ste 508 | | | | | |
| | Miami | | 33156 , Florida | _ | | • |
| | (City) | | (Zip code) | | | |
| gnated in this application on ply with the provision | lance; gistered agent and to accept service of tion, I hereby accept the appointment; ons of all statutes relative to the prope t of my position as registered agent. | us registere | d agent and agree to act in th | his capaci | $w.\ If a$ | irther a |

(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: RIMA Hospitality LLC | ■ Manager | Name, Richard L. Wahl |
| Member | Address: 2036 Bispham Rd. | Member | Address: 2036 Bispham Rd. |
| Authorized | Sarasota, FL 34231 | Authorized | Sarasoto, FL 34231 |
| Person | | Person | 2019 |
| Other | Other | Other | ⊠oiher ⊱ 📉 |
| ☐ Manager ☐ Member ☐ Authorized Person | Name: Michelle P. Quinn Address: 1105 N. Market Street 11th Floor Wilmington, DE 19801 | ☐ Manager ☐ Member ☐ Authorized Person | Name: FLORIDA Address: Address: STATE |
| Other | Other | Other | ()ther |
| ☐Manager ☐Member ☐Authorized | Name: | ☐ Manager ☐ Member ☐ Authorized | Name: |
| Person | | 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.

| a second |
|-----------------------------------|
| Signature of an authorized person |
| Richard Lhahl |
| I vised or printed name of stores |

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "2036 - 2044 BISPHAM ROAD 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 MAY, A.D. 2019.

ZOIS JUN 17 PM 4: 50
SEURCTARY OF STATE
TALLAHASSEE, FINALE

e at corp.delaware.gov/aut

Authentication: 202827224

Date: 05-15-19

7418894 8300

SR# 20193898521