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2/28/20

NAME:

SM PALM HARBOUR TRS LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION:

COVER LETTER

TO:		ation Section of Corporation	s				
SUBJE		Palm Harbour T					_
		-	Name of L	imited Liability (Company		
The enc Existence	losed "Ap	oplication by Fore	eign Limited Liability Comp I to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida, company to transact busi	' Certificate of ness in Florida.
Please r	eturn all o	correspondence c	oncerning this matter to the	following:			
		Leila Fogg					
	Name of Person						
		Intertrust Corpo	rate Services Delaware Ltd.				
			Fi	rm/Company			
	200 Bellevue Parkway, Suite 210						
Address							
	Wilmington, DE 19809						
			City/St	ate and Zip Code			- လ ,
	i	intertrustus@inte					. io . io
	•		E-mail address: (to be used	for future annual	report not	ification)	[·) -£=
For furt	her inforn	nation concerning	this matter, please call:				
				_ at (_)		-
		Name of	Contact Person	Area Code	Dayı	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations tion Section x 6327 (see, FL 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose		ck for the followi 00 Filing Fee	ng amount: \$\Boxed{\Boxesia} \$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filin Certified Copy	ig Fce &	☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

610 Broadway, 6th Floor (Street Address of Principal New York, NY 10012 Name and street address of Name: Floor	eign limited liability company is organized) Date first transacted business in Florida, if prior to resease sections 605,0904 & 605,0905, F.S. to determine londice) Florida registered agent: (P.O. Box rida Filing & Search Services Inc.	egistration.) 6. 610 Broadway, 6th Floor (Mailing Add. New York, NY 10012	ner, if applicable)
610 Broadway, 6th Floor (Street Address of Principal New York, NY 10012 Name and street address of Name: Flo	Date first transacted business in Florida, if prior to respections 605,0904 & 605,0905, F.S. to determine I Office) Florida registered agent: (P.O. Box	egistration.) 6. 610 Broadway, 6th Floor (Mailing Add. New York, NY 10012	
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New York, NY 10012 Name and street address of Name: Flo	Plorida registered agent: (P.O. Box	New York, NY 10012	ress)
New York, NY 10012 Name and street address of Name: Floating	Plorida registered agent: (P.O. Box	New York, NY 10012	
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egistered agent's acceptance	(City)	(Zip cod	c) [~]
	1 Ulphy		<u>:</u>
	(Registered agent's s	gnature)	
	and address of the person(s) who ha)
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	Southern Marinas Palm		
	Harbour LLC		
	Harbour LLC		
	610 Broadway, 6th Floor		
		· · · · · · · · · · · · · · · · · · ·	
Jse attachments if necessary)	610 Broadway, 6th Floor		

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SM PALM HARBOUR TRS 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SM PALM HARBOUR TRS LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2020.

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



Authentication: 202481310

Date: 02-28-20

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