

M230000008126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

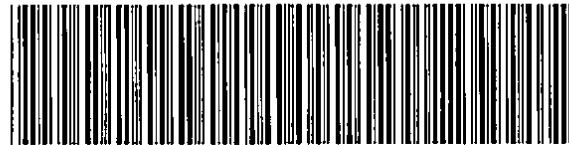
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W03000051177

Office Use Only



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03/28/23--01002--014 **125.00

7:11 AM 2023

2023 APR 26 PM 5:20

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2023

DR. BART A. BASI
603 LONGBOAT KEY CLUB RD, SUITE 101N
LONGBOAT KEY, FL 34228 US

SUBJECT: DRH PROPERTY VENTURES, LLC - SERIES SPNNAKERS REACH
Ref. Number: W23000051177

We have received your document for DRH PROPERTY VENTURES, LLC - SERIES SPNNAKERS REACH and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

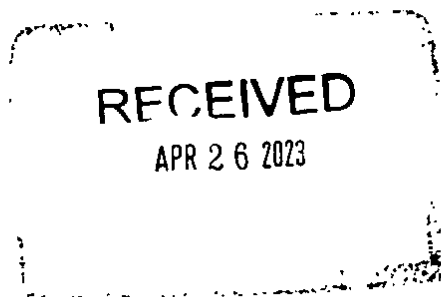
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 923A00008193



Now Signed

[Handwritten signature]
[Handwritten signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

DRH PROPERTIES, LLC - SERIES SPINNAKER'S REACH

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DR. BART A. BASI

Name of Person

THE CENTER FOR FINANCIAL, LEGAL, AND TAX PLANNING, INC.

Firm/Company

603 LONGBOAT KEY CLUB RD, SUITE 101N

Address

LONGBOAT KEY, FL 34228

City/State and Zip Code

BBASI@TAXPLANNING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. BART A. BASI

941

383-3338

Name of Contact Person at (_____) _____
Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. DRH PROPERTIES, LLC - SERIES SPINNAKERS REACH
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

DRH PROPERTY VENTURES, LLC - SERIES SPINNAKERS REACH
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. ILLINOIS (Jurisdiction under the law of which foreign limited liability company is organized)
3. 88-3019709 (FEI number, if applicable)

4. OCTOBER 5, 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4501 W DEYOUNG STREET (Street Address of Principal Office)
6. 4501 W DEYOUNG STREET (Mailing Address)
SUITE 200
MARION, IL 62959

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DR. BART A. BASI
Office Address: 603 LONGBOAT KEY CLUB ROAD, UNIT 101N
LONGBOAT KEY, Florida 34228
(City) (Zip code)

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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.

[Handwritten signature of Dr. Bart A. Basi]
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: DONALD M. HUNE	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 113 CUTTER COURT	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

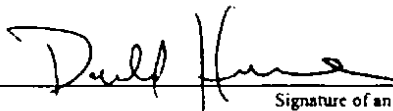
<input checked="" type="checkbox"/> Manager	Name: RACHAEL K HHUNE	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 113 CUTTER COURT	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



 Signature of an authorized person

DONALD HUNE

 Typed or printed name of signee



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DRH PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 26, 2022, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF DRH PROPERTIES, LLC-SERIES SPINNAKERS REACH ON JUNE 07, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of MARCH A.D. 2023 .



Alexi Giannoulis

SECRETARY OF STATE