

B17 000000 167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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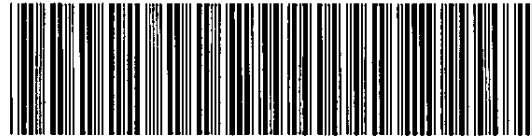
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 28 2017
J. HARRIS

~~8015 UN~~

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

6/27/17

ACCT. 120160000072

Please file
Second
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Name:	Shore River Hotel LP
Document #:	
Order #:	10542201

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

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Amount: \$ 1052.50



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PLEASE KEEP
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2017

CT CORP

SUBJECT: SHOAL RIVER HOTEL, LP
Ref. Number: W17000053468

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for SHOAL RIVER HOTEL, LP and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears you have switched information on the cover sheet. Please correct and submit with the correct amount.,

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 517A00013044

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Shoal River Hotel, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida: must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. 1/20/2017

Date of Formation

4. Federal Employer Identification Number: 26-1844929

5. Name of Registered Agent for Service of Process and Florida Street Address:

Lowell C. Larson, Jr.

819 Pinedale Road

Fort Walton Beach, FL 32547

6. 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.

Signature of Registered Agent

7. Principal Office:

819 Pinedale Road

Fort Walton Beach, FL 32547

8. Mailing Address:

819 Pinedale Road

Fort Walton Beach, FL 32547

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Shoal River Manager, LLC

M17000005485

Name of General Partner:

Street Address: 819 Pinedale Road

Fort Walton Beach, FL 32547

Street Address:

Mailing Address: 819 Pinedale Road

Fort Walton Beach, FL 32547

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

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TALLAHASSEE FLORIDA

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 27th day of June, 20 17

Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHOAL RIVER HOTEL, LP" 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-SEVENTH DAY OF JUNE, A.D. 2017.

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



6290695 8300

SR# 20174966798

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202786693

Date: 06-27-17