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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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M. SOLOMON



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2019

CAROLYNN KAISER 600 SIXTH STREET SOUTH KIRKLAND, WA 98033

SUBJECT: LITTLE PALM DOLPHIN RESORT OPPORTUNITIES, LLLP

Ref. Number: W19000077581

We have received your document for LITTLE PALM DOLPHIN RESORT OPPORTUNITIES, LLLP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 919A00017297

RECEIVED

www.sunbiz.org

DO DOM GOOD MI

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Little Palm Dolphin Resort Oppo	rtunities, LLLP
Name of Foreign Limited	Partnership or Limited Liability Limited Partnership
The enclosed application, certificate of status a partnership to transact business in Florida. Please return all correspondence concerning the	and fees are submitted to register a foreign limited partnership or limited liability limited as matter to:
Carolynn Kaiser	
Contact Person	
Noble House Hotels & Resorts, Ltd.	
Firm/Company	
600 Sixth Street South	
Address	
Kirkland, WA 98033	
City, State and Zip Coo	le
nhlegal@noblehousehotels.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter	r, please call:
Carolynn Kaiser	at (425)636-5664
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees S1,008.75 Filin (\$965 Filing Fee and S35 Registered Agent Fee) S1,008.75 Filin and Certificate Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

TO T

1. Little Palm Dolpin Resort Opportunities, LLLP

(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 LLLP.

If name unavailable		nip or limited liability limited partnership primust contain acceptable suffix.	roposes to register to transac
Delaware			_
St	ate or Country of Formation	Date of Formatio	n
. Federal Employo	er Identification Number: 82-0998214		
	red Agent for Service of Process and Fl	orida Street Address:	
nCorp Services, In	ic.		
7888 67th Court N	orth		
Loxabatchee, FL 33	3470		
	Signature	Karen Gibson on behale of Registered Agent 8. Mailing Address:	If of InCorp Services, Inc.
'. Principal Office: 500 Sixth Street Sot		600 Sixth Street South	
		Kirkland, WA 98033	
Cirkland, WA 9803		Kindid, WA 20022	- · · · · · · · · · · · · · · · · · · ·
). If limited partne	ership is a limited liability limited parti	tership, check box. 🗓	
	al office address, and mailing address of		C,a
Name of Genera	l Partner:	Name of General Partner:	
	Center, LLC	Street Address:	
Street Address:	600 Sixth Street South, Kirkland, WAS	98033	ş.in.
Street Address:			
		98033 Mailing Address:	
Mailing Address Name of Genera	al Partner:	Name of General Partner:	
Mailing Address	al Partner:	Name of General Partner: Street Address:	

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 fil		
(Effective date cannot be prior to nor more than	90 days after the date this document is filed by the Florida Department of Staneet the applicable statutory filing requirements, this date will not be listed as	te.) the
	thenticated, not more than 90 days prior to the delivery of this application to distance of other official having custody of the entity's records in the jurisdiction	
Signed this 28th day of Jun	.20 19	
	Signature of a general partner	
	at the facts stated herein are true and the individual is aware that false informatate constitutes a third degree felony as provided for in \$.817.155, F.S.	tion
Filing Fees: Certified Copy (optional): Certificate of Status (option	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 sl): \$8.75	
	Page 2 of 2	<u> </u>

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LITTLE PALM DOLPHIN RESORT

OPPORTUNITIES, LLLP" 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-SIXTH DAY OF

JUNE, A.D. 2019.

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

Authentication: 203110645

Date: 06-26-19