

B21000000251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

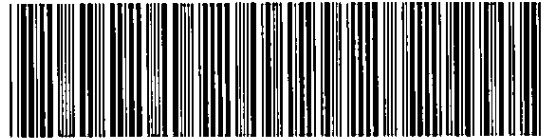
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/11/21--01014--017 \*\*1000.00

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21 JUN 11 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature/initials*



## T U R N B E R R Y

May 11, 2021

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

Re: DESTIN SHS HOTEL LP – Application by Foreign Limited Liability  
Company for Authorization to Transact Business in Florida

Dear Madam or Sir,

Enclosed please find the Application by Foreign Limited Liability Company  
for Authorization to Transact Business in Florida of DESTIN SHS HOTEL  
LP for filing with the Secretary of State, Division of Corporations.

I have also enclosed a check made payable to the Florida Department of  
State in the amount of \$1,000.00 in connection with the filing fee.

Should you have any questions or require additional information, please  
feel free to contact me at [mromine@turnberry.com](mailto:mromine@turnberry.com) or at 305.933.5507.

Best regards,

Mario A. Romine  
Florida Bar Authorized House Counsel

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DESTIN SHS HOTEL LP

\_\_\_\_\_  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

MARIO A. ROMINE

\_\_\_\_\_  
Contact Person

TURNBERRY ASSOCIATES

\_\_\_\_\_  
Firm/Company

19501 BISCAYNE BOULEVARD, SUITE 400

\_\_\_\_\_  
Address

AVENTURA, FL 33180

\_\_\_\_\_  
City, State and Zip Code

mromine@turnberry.com

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

For further information concerning this matter, please call:

MARIO A. ROMINE

at ( 305 ) 933-5507

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                                                                                     |                                                                                 |                                                                       |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fee<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

**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

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

1. DESTIN SHS 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 LLLP.

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. 10/20/2015

Date of Formation

4. Federal Employer Identification Number 30-0886145

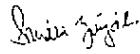
5. Name of Registered Agent for Service of Process and Florida Street Address:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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.



Sandra Zwijack, Asst. Secretary

Signature of Registered Agent

7. Principal Office:

19501 Biscayne Boulevard, Suite 400

Aventura, FL 33180

8. Mailing Address:

19501 Biscayne Boulevard, Suite 400

Aventura, FL 33180

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

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: DESTIN SHS HOTEL GP LLC

Street Address: 19501 BISCAYNE BLVD., SUITE 400

AVENTURA, FL 33180

Mailing Address: 19501 BISCAYNE BLVD., SUITE 400

AVENTURA, FL 33180

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: DESTIN SHS HOTEL LIMITED PAR

Street Address: 19501 BISCAYNE BLVD., SUITE 400

AVENTURA, FL 33180

Mailing Address: 19501 BISCAYNE BLVD., SUITE 400

AVENTURA, FL 33180

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

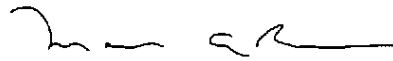
11. Effective date, if other than the date of filing: \_\_\_\_\_

*(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 10th day of May, 2021



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.

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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "DESTIN SHS 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-FOURTH DAY OF MAY, A.D. 2021.

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



5855518 8300

SR# 20212037661

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203279752

Date: 05-24-21