

F2200660 2667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

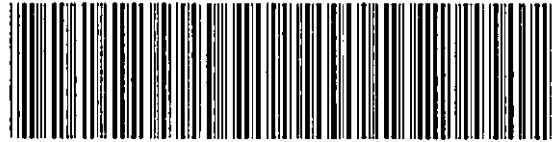
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2022 APR 28 PM 12:03

CLERK OF COURT  
TALLAHASSEE, FLORIDA

FILED

2022 APR 28 PM 3:00

CLERK OF COURT  
TALLAHASSEE, FLORIDA

APR 29 2022

T. LEMIEUX



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 04/28/2022

Name: Chris Vick

Reference #: 1657746

Entity Name: SALUDA GRADE SHORT TERM RENTAL INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

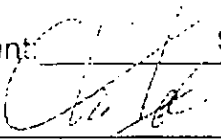
☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

\*\*\*FILE FIRST\*\*\*

Authorized Amount: \$70.00

Signature: 

• CORPORATE HQ  
COGENCY GLOBAL INC  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES,  
REGD. NO. 10450711  
6 LLOYDS AVE, UNIT 401  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.0700

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Saluda Grade Short Term Rental Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Levette Bagwell, Paralegal

Name of Person

Alston & Bird LLP

Firm/Company

1201 West Peachtree Street

Address

Atlanta, GA 30309

City/State and Zip code

rob.kuster@saludagrade.com

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

For further information concerning this matter, please call:

Levette Bagwell, Paralegal

Name of Person

at ( 404 )

Area Code

881-7961

Daytime Telephone Number

**STREET/COURIER 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

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Saluda Grade Short Term Rental Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maryland 3. 88-1049344  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/22/2022 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 270 Madison Avenue, Suite 702, New York, NY 10016  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

/s/ Eric Hood, Assistant Secretary

\_\_\_\_\_  
(Registered agent's signature)

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

FILED  
2022 APR 28 PM 3:00  
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_ Timothy Carr

Address: \_\_\_\_\_ 270 Madison Avenue, Suite 702, New York, NY 10016  
\_\_\_\_\_

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: \_\_\_\_\_ Timothy Carr

Address: \_\_\_\_\_ 270 Madison Avenue, Suite 702, New York, NY 10016  
\_\_\_\_\_

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_ Ryan Brennan

Address: \_\_\_\_\_ 270 Madison Avenue, Suite 702, New York, NY 10016  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. \_\_\_\_\_ Rob Kuster, Attorney-in-Fact

(Typed or printed name and capacity of person signing application)

**SALUDA GRADE SHORT TERM RENTAL, INC.**

**LIMITED POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS, that the undersigned **SALUDA GRADE SHORT TERM RENTAL, INC.**, a corporation duly organized and existing under the laws of the State of Maryland (the "**Company**"), acting through its President and Chief Executive Officer, does hereby designate, constitute and appoint:

**ROBSON KUSTER**  
**270 Madison Avenue**  
**Suite 702**  
**New York, New York 10016**

as its true and lawful agent and attorney-in-fact (the "**Attorney-in-Fact**");

(1) to give instructions for the settlement of transactions, and to execute all documents in connection therewith, relating to the acquisition, disposition and holding for the Company's account of:

(a) any securities, debt obligations or loans;

(b) investments in (i) real property, including land, residential homes and multi-family homes purchased by the Company and (ii) any other operating assets applicable to the Company or its investments; or

any combination of any of the foregoing;

in each case whether now existing or hereafter developed, and whether the transaction is effected directly by or on behalf of the Company, or indirectly on any securities or commodity exchange, board of trade or contract market or through any inter-dealer or other over-the-counter market in any jurisdiction or location;

(2) to give instructions for payments, settlements and deliveries in connection with any of the foregoing transactions;

(3) to exercise all rights, powers and privileges appurtenant to the ownership in, and any related financing of, any investment or other asset or item held for the Company's account;

(4) to execute all documents filed in any state or local municipality by or on behalf of the Company related to the Company or any investment made by the Company;

(5) to execute all documents related to the registration of the Company to do business in any state or local municipality in which the Company may seek to conduct business;


(6) to execute all documents related to any federal, state or local tax filings made by, or required to be made by or on behalf of, the Company; and

(7) to execute all such documents and to take all such other actions as the Attorney-in-Fact may consider necessary or advisable in connection with any of the foregoing.

The Attorney-in-Fact is hereby authorized and empowered to perform all other acts and deeds, which he, in his sole discretion, deems necessary or appropriate to carry out to the fullest extent the terms and the intent of the foregoing. All past acts of the Attorney-in-Fact if furtherance of the foregoing are hereby ratified and confirmed.

This Power of Attorney shall expire on April 1, 2025, and is revocable in writing at any time by the Company.

**IN WITNESS WHEREOF**, the undersigned has caused this instrument to be executed effective as of this 31st day of March, 2022.

  
By: Timothy Carr  
Timothy Carr President  
President and Chief Executive Officer

# **STATE OF MARYLAND**

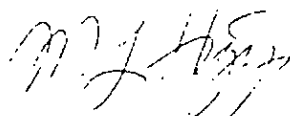
## ***Department of Assessments and Taxation***

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I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SALUDA GRADE SHORT TERM RENTAL INC. (D22662324), INCORPORATED FEBRUARY 22, 2022, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 24, 2022.



Michael L. Higgs  
Director



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: z-yYODAK\_UaDE-i0Y0pveg  
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>