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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SUMMER WIND PROPERTIES OF NEWPORT, LLC 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:
Richard M. Klitenick, Esq.
Name of Person
Richard M. Klitenick, P.A.
Firm/Company
1009 Simonton Street
Address
Key West, FL 33040
City/State and Zip Code
summerwindprop@cox.net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard M. Klitenick, Esq. at ( 305 ) 292-4101
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327  STREET ADDRESS: Division of Corporations Registration Section Clifton Building
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Copy of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	SUMMER WIND PROPERTIES OF NEWPORT, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI	.C.")	
cons	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a content of the managers or managing members adopting the alternate name. The alternate name must include "Limpany," "L.L.C," "LLC.")		
2. (Ji	State of Rhode Island 3. 05-051-4271  urisdiction under the law of which foreign limited liability or pany is organized)  (FEI number, if applicable)	<u> </u>	_
	(Date of Organization)  5. Perpetual (Duration: Year limited liability company will exist or "perpetual")	cease to	
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		_
7. <u>8</u>	30 Old Beach Road	<del></del>	_
	Newport, RI 02840 (Street Address of Principal Office)		_
8. 1	f limited liability company is a manager-managed company, check here		
9. 1	The name and usual business addresses of the managing members or managers are as follows	i • •	
	Robert B. Walsh	·	_
	80 Old Beach Road		_
	Newport, RI 02840	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
theju	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cus urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lar lation of the certificate under outh of the translator must be submitted.)	-	
11.	Nature of business or purposes to be conducted or promoted in Florida: Ownership a	ınd	<del>-</del>
	Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  Robert B. Walsh Managin Managin Constitutes  Typed or printed name of signee	10 MAR 29 AH II: 4	
	Typed or printed name of signee		

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Company is:	
S	SUMMER WIND PROPERTIES OF NEWPORT, LLC	
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and	d the Florida street address of the registered agent and office are:	
	Richard M. Klitenick, Esq.	
	1009 Simonton Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Key West, FL 33040 City/State/Zip	
	,	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

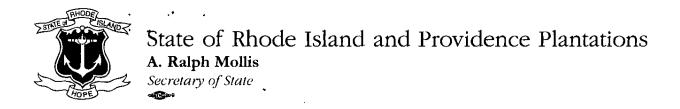
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FILED

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SECRETARY OF STATE



The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

#### Summer Wind Properties of Newport, LLC

a Rhode Island limited liability company, filed articles of organization in this office on the 27th day of October, 2000; and

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED this nineteenth day of March, A.D. 2010.

Secretary of State

illerten Carller

