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Certified Copies	Certificates	s of Status
Special Instructions to f	-iling Officer:	
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Office Use Only

W13-24630



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April 26, 2013

SHANNON SALMON 3288 WYMBERLY DRIVE JUPITER, FL 33458

SUBJECT: CORSICA RIVER PROPERTIES, LLC

Ref. Number: W13000024630

We have received your document for CORSICA RIVER PROPERTIES, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 213A00010148

CR2E027 (9/10)

COVER LETTER

TO:	Registration Section Division of Corporations	
	2	$0 \cdot 0 \cdot 0 + \dots$
SUBJI	ECT:	COISICA Kiver Troperties, LLC
	•	Name of Limited Liability Company
The en Exister	closed "Application by Fornce, and check are submitte	eign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of d to register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence of	oncerning this matter to the following:
		Shannon Salmon
	<u></u>	Name of Person
		Corsica River Properties, LLC Firm/Company
		Firm/Company
		3288 Wymberly Drive
		Address
		Jupiter, Florida 33458 City/State and Zip Code
		Citý/State and Zip Code
	 	E-mail address: (to be used for future annual report hotification)
For fu	rther information concernin	a this matter please cail:
roriu		Salmon at (202) 253-1311 AM & T
	Name	of Person Area Code & Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations	
	Registration Section	Pagistration Section Communication
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclo	osed is a check for the t	following amount:
Lileit	\$125.00 Filing Fee	☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified 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. Corsica River Properties 1 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Properties of Corsica Liver, LIC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2 holaware 3 46-2529982
2. Nolaware 3. 46-2529982 (FEI number, if applicable)
4. <u>March 27, 2013</u> 5. <u>Despetual</u> (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
$_{6}$
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 3288 Wymberly Drive
7. 3288 Wymberly Frive Jupiter Florida 33458 (Street Address of Principal Office)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Shannon Salmon 50 = U
3288 Wymberler Frire
Jupiter, Florida 33458
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
real estate activities.
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. I am aware that any 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.)
Shauum Salmon
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:
Corsica River Properties, LIC
If unavailable, the alternate to be used in the state of Florida is:
Properties of Corsica River, LLC
2. The name and the Florida street address of the registered agent and office are:
Shauun Salmon (Name)
(Name)
3288 Wymberly Drive
Florida Street Address (P.Q. Box NOT ACCEPTABLE)
Shakum Salmon (Name) 3288 Wyuberly Kive Florida Street Address (P. O. Box NOT ACCEPTABLE) Typitar FL 33458
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)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CORSICA RIVER PROPERTIES, LLC" 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 SEVENTH DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORSICA RIVER PROPERTIES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5310459 8300

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Jeffrey W Bullock, Secretary of State

AUTHENT CATION: 0413338

DATE: 05-07-13

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