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ION SERVICE C'OMPANY						
	ACCOUNT NO.	:	1200000001	95		
	REFERENCE	:	012917	7283904		
	AUTHORIZATION	:	Spell of	man	,	
	COST LIMIT	:	\$ 125.00			
ORDER DATE :	February 12, 201	4				
ORDER TIME :	1:09 PM					
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CUSTOMER NO:	7283904					
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XXXX QUALIFICA	ATION (TYPE: L	<u>L</u>)				
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CONTACT PERSON:	Susie Knight	:	EXT# 52956			
			EXAMINER:			

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUE		O REGIST	TER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLOR	IDA: ,		,
SFI Key West Marina LLC		, , , , , , , , , , , , , , , , , , ,	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or,"LLC.")	<i>:</i>	•
The state of the s	. 3		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate a Liability Company," "L.L.C." or "LLC.")	ame must inc	lude "Limi	ted.
2 Délaware		`.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applic company is organized)	cable)	•	·
4. All strains and the strains are the the strains	•		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
c/o Star Financial Inc.			,
Add 40 A San San San San San San San Now York N	V 1003		
1114 Avenue of the Americas, 39th Floor, New York, N	1 1003		
6 same as above			
		<u>-</u>	•
(Mailing Address)		-4-1	***
7. The name, title or capacity and address of the person(s) who has/have authority to n	nanage.is/a	re:ˈˈːˈ	us.
(Stor Financial Inc. momber	5 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	<u>.</u>	, e ÷ .
iStar Financial Inc., member			· 90
1114 Avenue of the Americas, 39th Fl, New York, NY 10036	77.		
Wishest Control of the Control of th	24. mg	70	10
	استان المستقد	****	
was a series of the series of	, , , , , , , , , , , , , , , , , , ,	g, m, 1,	
8. Attached is an original certificate of existence, no more than 90 days old, duly auther	ticated by	the offic	cial
having custody of records in 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 unde	r oath of the	ne transl	ator
must be submitted)			
Mary Sozelly			
Signature of an authorized person			
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjuit am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as providing	y that the facts i	stated herein 155, F.S.)	n are true

Mary-Beth C. Roselle, authorized person

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	f the Limited Liability (West Marina	• •		
If unavailable,	the alternate to be used	in the state of Florida is:		
2. The name a	nd the Florida street add	dress of the registered agent and office are:		
	Corporation	Service Company		
		(Name)		
1201 Hays Street				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				- 100
	Tallahassee	FL 32301		्रिक (25
		City/State/Zip	-	100 mg

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 605, Florida Statutes.

Sue G. Knight
Assistant Vice President

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

COVER LETTER

TO: Registration Section

Division of Corporations

SFI Key West Marina 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..

r lease return all correspondence concerning this matter to	the following:
Irina Shurinova	
	Name of Person
iStar Financial Inc.	
	Firm/Company
One Sansome Stre	eet, 30FL
	Address
San Francisco, CA	. 94104
Ci	y/State and Zip Code
ishurinova@istarfir	ancial.com
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, please call:	
Irina Shurinova	at (415 Area Code Daytime Telephone Number
Name of Contact Person	Area Code Daytime Telephone Number
Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clift Clif	sion of Corporations stration Section on Building Executive Center Circle shassee, FL 32301
Enclosed is a check for the following amount:	
■ \$125.00 Filing Fee □ \$130.00 Filing Fee of Certificate of Status	

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SFI KEY WEST MARINA 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 TWELFTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SFI KEY WEST MARINA LLC" WAS FORMED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2014.

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

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AUTHENTY CATION: 1131341

DATE: 02-12-14

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