5/4/2015 10:26:29 AM From:

To: 8506176383(1/5)

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(((H15000108243 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 : (850)878-5368 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Watermark Boca Ciega Bay Owner, LLC

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5/4/2015 10:26:29 AM From: To: 8506176383(2/5)

COVER LETTER

	gistration Section vision of Corporations				
SUBJECT	Watermark Boca Ciega Bay Owner, LLC				
Name of Limited Liability Company					
The enclose Existence, a	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Piease retur	n all correspondence concerning this matter to the following:				
	Licensing and Compliance				
	Name of Person				
	Watermark Retirement Communities, Inc.				
	Firm/Company C				
	2020 W Rudasill Road Address				
Address					
	Tucson, AZ 85704				
	City/State and Zip Code				
	licensing@watermarkcommunities.com				
	E-mail address: (to be used for future annual report notification)				
For further	information concerning this matter, please call:				
G	reta Frazier at (520) 797-4000				
	Name of Contact Person Area Code Daytime Telephone Number				
Di Re P.0	AILING ADDRESS: Vision of Corporations gistration Section D. Box 6327 Ulahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	is a check for the following amount: \$125.00 Filing Fee \$\B\$\$ \$130.00 Filing Fee & \$\B\$\$ \$155.00 Filing Fee & \$\B\$\$ \$160.00 Filing Fee, Certificate Certificate of Status & Certified Copy Certified Copy C				

5/4/2015 10:26:29 AM From: To: 8506176383(3/5)

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; mu	ust include "Limited Liability Company," "L.L.C.," or "LLC.")
-	, , ,
(If name unavailable, enter alternate name adopted for the purpo Liability Company," "L.L.C," or "LLC.")	ose of transecting business in Florida. The alternate name must include "Limited
2. Delaware	3. 38-3957385
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4, 6/1/2015	
(Date first transacted busi	iness in Florida, if prior to registration.) 95.0905, F.S. to determine penalty liability)
	SP = T
5. 2020 W Rudasill Road, Tucson, AZ 85704	
	SET - IT
(Street A	Address of Principal Office)
6. 2020 W Rudasill Road, Tucson, AZ 85704	
0.	
	25 3
	(Mailing Address)
7. The name, title or capacity and address of the David Barnes- Authorized Agent	ne person(s) who has/have authority to manage is/are:
David David Trobotines (gen	
2020 W Rudasill Road, Tucson, AZ 85704	
having custody of records in the jurisdiction und	e, no more than 90 days old, duly authenticated by the official der the law of which it is organized. (A photocopy is not uage, a translation of the certificate under oath of the translator
(In accordance with section 605.0203, F.S., the execution of this docum	re of an authorized person, nent constitutes an affirmation under the penalties of perjury that the facts stated herem are true. I partiment of State constitutes a third degree felony as provided for in a 817.155, F.S.)
David Barnes	
Typed or p	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.

1. The nam	ne of the Limited Liability C	Company is:	
Watermark B	oca Ciega Bay Owner, LLC		
If unavailab	ole, the alternate to be used	in the state of Florida is:	
2. The nam	te and the Florida street add	ress of the registered agent and office	ce are:
	C T Corporation System		
	(Name) \nearrow		
	1200 South Pine Island Ro	vad	CRE CAH
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		ASS ASS
	Plantation	F1_33324	
		City/State/Zip	FLOR
liability con registered a statutes rela	npany at the place designate igent and agree to act in this ating to the proper and comp	and to accept service of process for ad in this certificate, I hereby accept to a capacity. I further agree to comply alete performance of my duties, and I a registered agent as provided for in t	the appointment as with the provisions of all I am familiar with and
Statutes.		Center	trente Equin
	C T Corporation Syste	m 	_ And an included the
		(Signature)	
	\$ 2 \$ 3	10.00 Filing Fee for Application 15.00 Designation of Registered A 10.00 Certified Copy (optional) 15.00 Certificate of Status (optional)	_

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WATERMARK BOCA CIEGA BAY OWNER, 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 FIRST DAY OF MAY, A.D. 2015.

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

5700841 8300

150603127

You may verify this certificate online at corp.doleware.gov/authvar.shtml

Jeffrey W. Bullock, Secretary of State

DTHENTYCATTON 2342342

DATE: 05-01-15