

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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

IN COMPLEME E WITT SECTION 605 6902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED (LABILITY) COMPANY FOTR INSACT BUSINESS IN THE STATE OF FLORIDA:

, WATERCREST OPERATIONS, LLC

(Name of Foreign Limited Lubility Company; must include "I imited Liability Company," "LLC," or "LLC,")

Delaware	3.		
Jurisdiction under the law company is organized)	of which foreign limited liability (PH number, If applie	uble)	
Upon filing of this app	Nication		
	(Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905; F.S. to determine penalty liability)		
445 24th Street, Suite	300		
Vero Beach, Florida 32	2960		
	(Street Address of Principal Office)		
445 24th Street, Suite 3			
Vero Beach, Florida 32	2960		
<u></u>	(Mailing Address)		
Name and street addres	s of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		
Name:	Joan T. Williams		
Office Address:	445 24th Street, Suite 300		
	Vero Beach		
	, i londa		
gistered agent's accept wing been named us re-	(City) (Zip code zauce:	ion at the place .	las in a second
iving been named us re- is application, I hereby i th the provisions of all s	(City) (Zip code)	I further agree	to comply
iving been named us re is application, I hereby i th the provisions of all s e obligations of my posit	(City) (Zip code tauce: gistered agent and to accept service of process for the above stated corpora accept the appointment as registered agent and agree to act in this capacity statutes relative to the proper and complete performance of my duties, and t tion as registered agent.	I further agree	to comply
iving been named us re is application, I hereby i th the provisions of all s e obligations of my posit	(City) (Zip code tauce: gistered agent and to accept service of process for the above stated corporat accept the appointment as registered agent and agree to act in this capacity statutes relative to the proper and complete performance of my duties, and the tion as registered agent. (Registered agent's signature) (Registered agent's signature) city and address of the person(s) who has/have authority to manage is/arc:	I further agree	to comply comply comply and and 15 JUN 24
iving been named us re is application, I kereby i th the provisions of all s e obligations of my posit The name, title or capa	(City) (Zip code tauce: gistered agent and to accept service of process for the above stated corporat accept the appointment as registered agent and agree to act in this capacity statutes relative to the proper and complete performance of my duties, and the tion as registered agent. (Registered agent's signature) (Registered agent's signature) city and address of the person(s) who has/have authority to manage is/arc:	I further agree	to comply

Signature of an authorized person

(in accordance with section 605.0.203, F.C., 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.)

JOAN T. WILLIAMS

06/24/15 WED 14:30 FAX 407 843 4444

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WATERCREST OPERATIONS, 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2015.

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



AUTHENTS CATION: 2496947

DATE: 06-24-15

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150965467 You may verify this certificate online at corp.delaware.gov/authver.shiml 2003