Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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LIMITED LIABILITY REINSTATEMENT
WATERMARK SERVICES IV, LLC

Certificate of Status	0
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Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

DOCUMENT # M15000005579

1. Limited Liability Company's Name
Watermark Services IV, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2020 W Rudasill Rd	2020 W Rudasill Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tucson, AZ	City & State: Tucson, AZ
Zip: 85704 Country: USA	Zip: 85704 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 7/15/2015

6. FEI Number: 02-0784505 ☒ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Mark Holloway, Asst. Sec. REGISTERED AGENT MUST SIGN Date: 1/27/17

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	David Barnes	2020 W Rudasill Rd	Tucson, AZ 85704
AR	David Freshwater	2020 W Rudasill Rd	Tucson, AZ 85704

11. E-mail Address: licensing@watermarkcommunities.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Date 1/26/17 Daytime Phone # 520-797-4000

Typed or printed name of signing Authorized Representative/Manager: DAVID BARNES

K. ASHTON