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BEPARTMENT OF NIATI

K.SALY EXAMINER FEB 2 0

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 Toll Free: 844-541-6792

DATE: 2-25-16	WALK IN
ENTITY NAME: DOLPHIN LEGALY LLC	
**PLEASE FILE THE ATTACHED AND RETUR	N:**
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**PLEASE OBTAIN THE FOLLOWING FOR THE ABOV	E ENTITY:**
Document Number:	<del></del>
Certified Copy of Arts & Amendments	
Certificate of Good Standing	
**APOSTILLE'/NOTARIAL CERTIFICATION:	**
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	
TOTAL AMOUNT OWED: 155	
CHECK NUMBER: 2308	
PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMA	TION ON THIS
MATTER.	
Thank you!	
Thank you!  Tina Goff, President	

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

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC." or "LLC.")  Iname unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited ability Company," "LLC." or "LLC.")  Delaware  3. [(FEI number, if applicable)]  (Date first transacted business in Florida, if prior to registration.)  (See sections 693.999 & 605.9995, F.S. to determine penalty hability)  3709 Bayshore Boulevard NE, Saint Petersburg, Florida 33703  (Street Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kenneth S. Lally  Office Address:  Saint Petersburg , Florida 33703  (City) , Florida 33703  (City) , Florida 33703  registered agent's acceptance:  Isolary Been named as registered agent and to accept service of process for the above stated limited liability company at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further age complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with complete the ability of the process of the proper and complete performance of my duties, and I am familiar with complete the ability of the process of the person(s) who has/have authority to manage is/are:  Registered agent's acceptance:  Registered agent's aignature)  Registered agent's aignature)  Registered agent and agree to act in this capacity. I further age to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with complete the ability of the proper and complete performance of my duties, and I am familiar with complete the ability of the proper and complete performance of my duties, and I am familiar with complete performance of my duties, and I am familiar with complete performance of my duties, and I am familiar with complete performance of my duties, and I am familiar with complet	(Name of Fore	LLC		
Delaware  (Date first transacted business in Florida, if prior to registration.)  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  3709 Bayshore Boulevard NE, Saint Petersburg, Florida 33703  (Street Address of Principal Office)  3709 Bayshore Boulevard NE, Saint Petersburg, Florida 33703  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Keaneth S. Lally  Office Address:  Saint Petersburg  (City)  (City		ign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "LLC."	)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  3709 Bayshore Boulevard NE, Saint Petersburg, Florida 33703  (Street Address of Principal Office)  3709 Bayshore Boulevard NE, Saint Petersburg, Florida 33703  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  Gilly  (City)  (Ci	ability Company," "L.L.C,"		ing business in Florida. The alternate name must	include "Limited
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  3709 Bayshore Boulevard NE, Saint Petersburg, Florida 33703  (Street Address of Principal Office)  3709 Bayshore Boulevard NE, Saint Petersburg, Florida 33703  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Saint Petersburg  (City)  (C	Delaware	3		
(Street Address of Principal Office)  (Street Address of Principal Office)  (Street Address of Principal Office)  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Kenneth S. Lally  Office Address:  Saint Petersburg  (City)  (City)  (City)  (Cip code)  registered agent's acceptance:  Inving been named as registered agent and to accept service of process for the above stated limited liability company at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further age to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am famillar with accept the obligations of my position as registered agent.  (Registered agent's signature)  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Kenneth S. Lally  MEMBER  Saint Petersburg, Florida 33703  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in thurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under on the translation of the certificate unde		of which foreign limited liability	(FEI number, if applicable)	
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Kenneth S. Lally   3709 Bayshore Boulevard NE	3709 Baysnore Bouleva	ard NE, Saint Petersburg, Florida 55705		MC 32
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kenneth S. Lally  Office Address: 3709 Bayshore Boulevard NE  Saint Petersburg , Florida 33703  (City)				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kenneth S. Lally  Office Address: 3709 Bayshore Boulevard NE  Saint Petersburg , Florida 33703  (City)		(Mailing Address)		102 J
Name:  Office Address:  Saint Petersburg  (City)  (Cit	Name and street address	ss of Florida registered agent: (P.O. Box. N	OT accentable)	<b>1 1 2</b>
Office Address:    Saint Petersburg			<u>or</u> accepasto)	
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this document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	risdiction under the law	Kernock & Belly Signature of ar auth	orized person	
Kenneth S. Lally	risdiction under the law f the translator must be s  This document is execute	Signature of a fauth of in accordance with section 605.0203 (1) (1)	b), Florida Statutes. I am aware that any false	e information F.S.

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DOLPHIN LEGACY 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 EIGHTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOLPHIN LEGACY LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2016 FEB 25 AM 9: 00



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Date: 02-08-16

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