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#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	Spacebox Palma Ce	ria, LLC					
		Name of	Limited Liability	Company			
					ansact Business in Florida," Co y company to transact business		
Please return	all correspondence	concerning this matter to the	following:				
	Mary Blument	ritt					
		N	ame of Person				
	Bryan Nelson I	P.A.					
		F	irm/Company	• • • • •			
	P.O. Box 1810	9					
	<del></del>	Address					
	Hattiesburg, M	S 39404-8109					
	City/State and Zip Code						
	eliz.strickland@	gmail.com					
	<u> </u>	E-mail address: (to be used	d for future annual	report not	ification)		
For further in	formation concerning	g this matter, please call:					
Shir	ley Anderson		601 at (	261-410	00		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Divis Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
	check for the follow 25.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certifof Status & Certified Copy	ficate	

## 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:

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  Hattiesburg, MS 39402  (Street Address of Principal Office)  Hattiesburg, MS 39402  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  790 North County Highway 393 2C  Santa Rosa Beach  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place lesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. Untrher agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and a mail am familiar with an accept the obligations of my position as systered agent. (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	1. Spacebox Palma Ceia,			1 22 T C 21	WIC 22
A Mississippi  A Miss	(Name of For	eigh Limited Liability Company; mu	ist include "Limited Lia	ability Company, ""L.L.C.," of	r"LLC.")
This document is executed in accordance with section 605.0903 (If the certificate under oath of the translation under the law of which foreign limited liability (FEI number, if applicable) (FEI number, if applicable) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  [FEI number, if applicable)  [FEI number, if applicable it applications of process for the above statement penalty liability)  [FEI number, if applicable applicable)  [FEI number, if applicable applicable)  [FEI number, if applicables applicable			se of transacting busine	ss in Florida. The alternate na	me must include "Limited
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability)  112 Sheffield Loop, Suite D  Hattiesburg, MS 39402  (Street Address of Principal Office)  112 Sheffield Loop, Suite D  Hattiesburg, MS 39402  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Paige York  Office Address:  (City)  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited limited limiting company at the place lesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. Further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Paige York, Manager  790 North County Highway 393 2C  Santa Rosa Beach, FL 32459  D. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted  Signature of an authorized person  Chis document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	2. Mississippi		3 47-4089406		
Date first transacted business in Florida, if prior to registration	company is organized)	of which foreign limited liability	<u> </u>	(FEI number, if applicable	:)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  Hattiesburg, MS 39402  (Street Address of Principal Office)  Hattiesburg, MS 39402  (Mailing Address)  Name: Paige York  Office Address:  Santa Rosa Beach  (City)  Santa Rosa Beach  Florida  (City)  (Zip code)  Santa Rosa Beach  Florida phication, I hereby accept the appointment as registered agent and agree to act in this capacity. Burther agree o complywith the provisions of all statutes relative to the proper and complete performance of my duties, and a minimilar with an accept the obligations of my position as transferred agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Paige York, Manager  190 North County Highway 393 2C  Santa Rosa Beach, FL 32459  D. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)  Signature of an authorized person  Chis document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	4. <u>N/A</u>		. 171 11 10 1		<u></u>
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#### DELBERT HOSEMANN Secretary of State

#### Office of the Secretary of State Jackson, Mississippi

### Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

#### SPACEBOX PALMA CEIA, LLC

Registered the 26th day of May, 2015

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

112 Sheffield Loop, Suite D Hattiesburg, MS 39402

And that the registered agent at that address is:

Elizabeth Strickland

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 21st day of March, 2016

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN16021478

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx