Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

Phone : (850)205-8842 : (850)878-5368

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

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Foreign Limited Liability Company Sun TRS Tropical Palms LLC

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Page Count	05
Estimated Charge	\$160.00

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Corporate Filing Menu

Help

COVER LETTER

 ተO:	Registration Section Division of Corporations				
SUBJE	CT: Sun TRS Tropical Palms I	.LC			
~ ~	Angele in the last of the Control of	Name of Limite	d Liability Company		
	closed "Application by Foreign L co, and check are submitted to re				
Plouse r	eturn all correspondence concern	ning this matter to the	following:		
	Susan R. McMaster				
		N	ume of Person		
	Jaffe Rain Houer & W		m/Company		
		·			
	27777 Franklin Road,	Suite 2500			
			Address		
	Southfield, MI 48034	t			
		City/S	tate and Zip Code	and the second	
	smemaster@jaffelaw.co				
	[5-1°	nail address: (to be use	i for future annual report notifi	cation)	
For furtl	er information concerning this r	natter, please call.			
	Susan R. McMaster		at (248) 727-14	485	
	Name of Conta	et Person	Area Code D	nytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314	Divisio Registri Clifton 2661 E	TADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, 14, 32301		
Enclos		ing amount: 30.00 Filing Fcc & ortificate of Status	□ \$155.00 Filing Fee & Cortified Copy	S 160.00 Filing Fee, Cer of Status & Certified Ce	

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:

f name unavailable, enter alternate name adopted for the purpose of triability Company," "L.L.C," or "L.C.")	ansacting busi	ness in Florida. T	he alternate nar	ne must	include '	"Limited
	3. N/A					
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI nun	iber, if applicat	nle)		
Upon Filing				******		*****
(Date first trinsacted business in (See sections 605.0904 & 605.0905,	Florida, if pric 12.8. to detern	or to registration.) nine penalty liabii.	ity)			
27777 Franklin Road, Suite 200, Southfield, MI 48034				and the second s		. —
(Stroet Address	of Principal C	Office)			<u></u>	
27777 Franklin Road, Suite 200, Southfield, MI 48034				<u>.</u>		
				-	5	
				1> -	_R	
					-	
(Maiiii	ng Address)			- E	~~~	· \$
		has/have auth	nority to ma	ASS A	≃ 9 fa\e	officers.
The name, title or capacity and address of the pers		has/have auth	nority to ma	ASSME F	S/ole:	Total same,
The name, title or capacity and address of the pers		has/have auth	nority to ma	VOSSEL LOS	S/ol/e	Total sacra.
The name, title or capacity and address of the pers		has/have auth	nority to ma	ASSEC FLORIDA	Y 1 Po AH ID: 2	The second
The name, title or capacity and address of the pers		has/have auth	nority to ma	ASSEC FLORIDA	Y 19: AH ID: 21	The same of the sa
The name, title or capacity and address of the pers		has/have auth	nority to ma	ASSME. FLORIDA	Y 19: AH ID: 21	
The name, title or capacity and address of the person B. McLaren, Sole Manager 777 Frankin Road, Suite 200, Southfield, MI 48034	on(s) who			FLORIO	AH IO: 21	
The name, title or capacity and address of the pers hn B. McLaren, Sole Manager 777 Frankin Road, Suite 200, Southfield, MI 48034 Attached is an original certificate of existence, no n	on(s) who	0 days old, d	uly authenti	Cated	AH 10: 21	official
The name, title or capacity and address of the person B. McLaren, Sole Manager 777 Frankin Road, Suite 200, Southfield, MI 48034 Attached is an original certificate of existence, no noving custody of records in the jurisdiction under the	on(s) who	O days old, duich it is organ	uly authenti	cated lotocol	by the py is n	official
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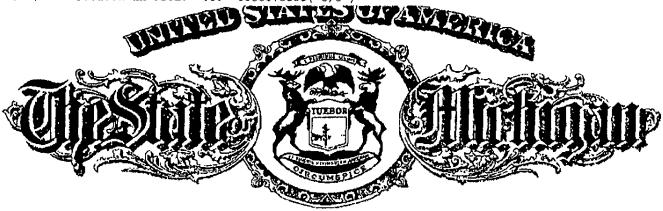
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

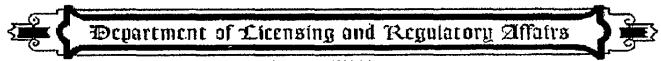
PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	ne of the Limited Liability pical Palms LLC	Company is:	
If unavailab	ole, the alternate to be used	d in the state of Florida is:	
2. The nam	e and the Florida street ac	ddress of the registered agent and office are:	
	NRAI Services, 'Inc.		
	The state of the s	(Name)	•
	200 South Pine Island	Road	
	Florida St	6 *A	
	Plantation	FL 33324	
	,	City/State/Zip	
liability com registered as statutes rela	tpany at the place designa gent and agree to act in th ting to the proper and con	nt and to accept service of process for the above s ted in this certificate, I hereby accept the appoint its capacity. I further agree to comply with the pr aplete performance of my duties, and I am familions registered agent as provided for in Chapter 60.	meht ás 🔼 vovisions of all ir with and
	NRAI Services, Inc. By:	James M. Halpin Asst. Secretary (Straining)	
	· \$	00.00 Filing Fee for Application 25.00 Designation of Registered Agent 30.00 Certified Corp. (april 2011)	

\$ 5.00 Certificate of Status (optional)

5/19/2016 9:52:32 AM From: To: 8506176383(5/5)





Loneing, Michigan

This is to Certify That

SUN TRS TROPICAL PALMS LLC

was validly organized on May 18, 2016 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filling obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission E8544T In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of May, 2016

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau