# M1600006845

	(Requestor's Name)				
- (	(Address)				
- (	(Address)				
(	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

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SECRUTARY OF STATE ALLAHASSEE, FLORIDA

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

BUECT: DD Gran Bay Manager, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Debora M. Martin					
Name of Person					
Davis Development, Inc.					
Firm/Company					
403 Corporate Center Drive, Suite 201					
Address					
Stockbridge, Georgia 30281					
City/State and Zip Code					
debora.martin@davisdevga.com					
E-mail address: (to be used for future annual report notification)					

For further information concerning this matter, please call:

Debora M. Martin

..770

474-4345

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:** 

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 **STREET ADDRESS:** 

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## 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:

1. DD Gran Bay Manager, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")
¿.Delaware 3. Don't have yet
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F,S. to determine penalty liability)
5. 403 Corporate Center Drive, Suite 201
Stockbridge, Georgia 30281
(Street Address of Principal Office)
6. 403 Corporate Center Drive, Suite 201
Stockbridge, Georgia 30281
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is a
Beaver Creek Trust, Manager
403 Corporate Center Drive, Suite 201
Stockbridge, Georgia 30281
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
K L
Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, 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.)
Stephen Davis, Member/Manager of Briarcliff Management, LLC, Trustee of Beaver Creek Trust

Typed or printed name of signee

### 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.

l.	The	namc	of th	e Limite	I Liability	Company	is:
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#### DD Gran Bay Manager, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

#### **CT Corporation System**

(Name)

#### 1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

3332

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

#### Michael E. Jones

\$ 100.00 Filing Fee Assistment Secretary

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

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Page 1

# <u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "DD GRAN BAY MANAGER, 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 NINTH DAY OF AUGUST, A.D. 2016.

SECRETARY OF STATE TAIL AHASSEE, FLORIDA

Jeffrey W. Budlock, Secretary of State

Authentication: 202799693

Date: 08-09-16

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