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Date: 10/27/2016 Account #: 120000000088 Name: Marisa Kugelmann Reference #: T006262 ENTITY NAME: TREASURE COAST MANAGEMENT COMPANY, LLC Articles of Incorporation/Authorization to Transact Business Amendment Annual Report Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitious Name Other: 

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

COMPANY TO TRANS-ICT BUSINESS IN THE S			
1. (Name of Foreign Limited Liab	reasure Coast Managen ility Company; must include	nent Company, LLC  "Limited Liability Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter alternate name ado Liability Company," "L.L.C," or "L.L.C.")	pled for the purpose of trans	sacting business in Florida. The alternate name	must include "Limited
2. Delaware	3.	81-4099075	
(Jurisdiction under the law of which foreign company is organized)	limited liability	81-4099075 (FEI number, il'applicable)	
4.	upon registration		
(Date fire (See section	st transacted business in Flo is 605.0904 & 605.0905, F.	rida, if prior to registration.) S. to determine penalty liability)	
5770 SE Indian Street		· · · · · · · · · · · · · · · · · · ·	28
Stuart, Florida 34997			2016 OCT 27 AM 9: 12 SECRETARY OF STATE SECRETARY OF STATE
	Street Address of Principal	Office)	圣器 马
5. 770 SE Indian Street			75 <b>21</b>
Stuart, Florida 34997			SEE YOU
	(Mailing Address)		F'S .
7. Name and street address of Florida reg	istered agent: (P.O. Box	NOT acceptable)	點 3
Name: Bruce R. Abo	•		0,1
Office Address: 130 S. Indian	River Drive, Suite 201		
Fort Pierce		Storida 34950	
	(City)	, Florida 34950 (Zip code)	
Registered agent's acceptance: Having been named as registered agent a lasignated in this application, I hereby a lo complywith the provisions of all statute accept the obligations of my position as r	ecept the appointment as is relative to the proper t	registered agent and agree to act in this	capacity. I further agree
	(Registered age)	nt's signature)	
8. The name, title or capacity and address	: o ( humana a no a ) uho ha	c/have authority to manua ic/are-	
Name	Title	Address	
Tarpon Management Services, LLC	Manager	770 SE Indian Street, Stuart, FI	
	· · · · · · · · · · · · · · · · · · ·		<del></del>
<ol> <li>Attached is a certificate of existence, no urisdiction under the law of which it is or of the translator must be submitted)</li> </ol>			
	Signature of an aut	2. Prone	
<del> </del>	Signature of an au	horized potson	
This document is executed in accordance vulnitted in a document to the Department	vith section 605.0203 (1) t of State constitutes a thi	(b), Florida Statutes. I am aware that any red degree felony as provided for in s.817.1	false information 55, F.S.
	Joshua A. Payne,	Corporate Counsel	
	Typed or printed na	ume of signee	

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TREASURE COAST MANAGEMENT COMPANY,

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 TWENTY-FIFTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TREASURE COAST MANAGEMENT COMPANY, LLC" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2016.

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

2016 OCT 27 AM 9: 12
SECRETARY OF STATE
FALLAHASSEE, FI POLIC.

6124850 8300 SR# 20166348625 Authentication: 203219275

Date: 10-25-16