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(Requestor's Name)				
(Address)				
(Address)				
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(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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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Section Division of Corporat	ions			
	LOW	Sunber Palm	(casi I, LL	C	
SUBJE	.CI:		Limited Liability Company		
				nsact Business in Florida," Certificate of y company to transact business in Florida.	
Please	return all correspondenc	e concerning this matter to the	following:		
		Dar	M Bushing ame of Person		
		Sunbelt Land Management, LLC			
	31	3129 Springbank Lane, Suite 200			
		Charlotte, NC 2822C2 City/State and Zip Code			
		E-mail address: (to be use	d for future annual report no	fund. com	
For fur	ther information concer	ning this matter, please call:			
	Dana B	e of Contact Person	at (704) 20 Area Code Day	rime Telephone Number	
	MAILING ADDRES Division of Corporati Registration Section P.O. Box 6327 Tallahassee, FL 3231	ons	Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding secutive Center Circle see, FL 32301	
Enclose	ed is a check for the foll \$125.00 Filing Fee		☐ \$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. Sunfolt Palm Coast I. L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Sontell Palm (Cast 1, LLC
(It 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 "L.L.C," o
2. (Fill 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. 3129 Springpank Lane 6. 3129 Springpank Lane Sute 200 Sute 200
Charlotte, NC 28226
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: William G. Allen
Office Address: 5150 Tamiami Trail North, Suite 403
Registered agent's acceptance: ACOLO (City) , Florida 34103 (Zip code)
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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 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: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name
Traul North Sture 403 Neples, FL 34103
(Use attachments if necessary)
9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.
If Ill Start -
Signature of an authorized person
William G Allen Manager Typed or printed name of signee ()

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, SUNBELT PALM COAST I, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 2, 2014, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 1, 2017.

Bailana K. Cagarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170801-0721
You may verify this electronic certificate
online at http://www.nvsos.gov/