(Requestor's Name)
(Address)
(Åddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Mr. Haddock Fequestud Oryinal Submission data as "Filed" Data.
Office Use Only 91117



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09/01/17--01023--013 **58.75

08/15/17--01025--015 **98.25

M. MILLIGAN SEP - 1 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2017

LOUIS HADDOCK 113 MONUMENT AVE PORT ST JOE, FL 32456

SUBJECT: THE INN ST JOE BAY LLC

Ref. Number: W17000067954

We have received your document for THE INN ST JOE BAY LLC and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

There are no statutory provisions allowing a foreign limited liability company to reserve a name.,

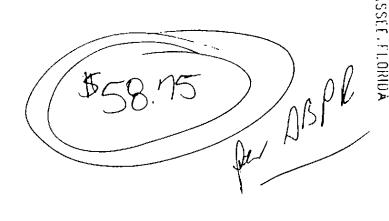
To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist III

Letter Number: 517A00016942

MA CONSS



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Inn at St- Jul Bay 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:
Louis Haddock
Name of Person
The Inn at St Joe Bay LLC Firm/Company
113 MONUMENT AVE
POST JOE FL 32456 City/State and Zip Code
Krazyfish 45@ yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PATRICIA HADDOK at (850) 227 - 6600 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy S160.00 Filing Fee, Certified Copy S160.00 Filing Fee & Certified Copy S160.00 Filing
paid \$96.25
paid 9 u. 25 previously - see W17000067954

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

N 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:
. The Inn at St The Bay 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,")
(Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605 0905, F.S. to determine penalty liability)
(Mailing Address)
10H St. 10R FL
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: LOUIS 7-7.((((UCR))
Office Address: 113 111011 UML 11+ AUC
$\frac{TO(-1.5)^{-1.5}}{(Cit)}$, Florida $\frac{32450}{(Zip code)}$
lesignated 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 accept the obligations of my position as registered agent. (Registered agent 5 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:
Runging Member Patricia K. Haddock 13 monuner five Port Strice 32454
(Use attachments if necessary)
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
0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELANARE, DO HEREBY CERTIFY "THE INN AT ST JOE BAY LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELANARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MAY, A.D. 2017.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "THE INN AT ST JOE BAY LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2017.

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

6289299 8300

SR# 20173717548

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202565043

Date: 05-18-17