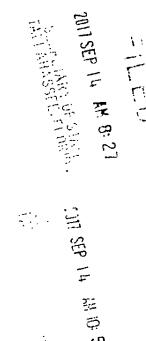
# 1117000007859

(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Ceπificates	s of Status
Special Instructions to I	Filing Officer:	
·		
RA Eign	W17-74	1156

Office Use Only



600303385236



K. SALY SEP 18 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: September 13, 2017

ORDER TIME : 12:08 PM

ORDER NO. : 814977-005

CUSTOMER NO: 7624439

FOREIGN FILINGS

NAME: SANTA ROSA POINT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XXX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

### COVER LETTER

то:		ation Section 1 of Corporation	s				
SUBJE		nta Rosa Point, L1	·				
			Name of I	Limited Liability C	ompany		
The en Exister	closed "A ice, and cl	pplication by Fore neck are submitted	eign Limited Liability Comp I to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	insact Business in Florida," Company to transact business	ertificate of s in Florida.
Please	return all	correspondence c	oncerning this matter to the	following:			
		Alexander M. S	zeto				
			N	ame of Person	• •		
		Higier Allen &	Lautin, P.C.				
			Fi	rm/Company			
		2711 N. Haskel	Ave., Suite 2400				
				Address			
		Dallas, TX 7520	04				
			City/S	tate and Zip Code			
		aszeto@higieralle	en.com				
	-	<del></del>	E-mail address: (to be used	d for future annual	report not	ification)	
For fur	ther infor	nation concerning	this matter, please call:				
	Alexan	der M. Szeto		972 at (	716-183	88	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Be	nd ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding recutive Center Circle ee, FL 32301	
Enclos		cck for the follow .00 Filing Fee	ing amount:  \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certion of Status & Certified Copy	ificate

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting besiness					or "t,t,t
Texas		3.	N/A			
(Jurisdiction under the law of w	nch foreign limited hability company is organized).	_		(EE) number, if a	plicable)	
N/A						
	(Date first transacted business in Florida, if po (See sections 605 0904 & 605 0905, F.S. to d	ner to registration )	bolon t		-	,
3026 Mockingbird Lar		•		Lane #131	- <u>.</u>	
(Street Address of F		0. <u>-</u>	026 Mockingbird	tailing Address)		-02
Dallas, TX 75205		<u>n</u>	allas, TX 75205		三 京市	50
					17.3	
		_			91	· , ,
Name and street addres	s of Florida registered agent: (P.O.	Box NOT acc	eptable)			ته : د .
Name:	Corporation Services Com				•	
Name;	<del></del>	<del> </del>	<del></del>			·0.5
	1201 Hays Street					•
Office Address:	<del></del>	<del></del>	<del></del>			
Office Address:	Tallahassee	· · · · · · · · · · · · · · · · · · ·	ment to	32303		
gistered agent's accept wing been named as re- signated in this applicat comply with the provision	Tallahassee  (Cons)  tance:  gistered agent and to accept service  ion, I hereby accept the appointme  ons of all statutes relative to the pro  of my position as registered agent.	nt as registere oper and comp	d agent and agre	(Zweede) limited liabile to act in this t of my duties	s capacity. , and I am f	l further amiliar
egistered agent's accept tying been named as rep signated in this applicat comply with the provision	(Cox) tance: eistered agent and to accept service ion, I hereby accept the appointme ons of all statutes relative to the pro of my position as registered agent.  M. J.	nt as registere oper and comp	r the above stated ed agent and agre	(Zycoste)  limited liabile to act in this of my duties  Me	s capacity. , and I am f lissa Zeni	l further amiliar der
egistered agent's accept wing been named as re- signated in this applicat comply with the provisi	(Cox) tance: eistered agent and to accept service ion, I hereby accept the appointme ons of all statutes relative to the pro of my position as registered agent.  M. J.	nt as registere oper and comp	r the above stated ed agent and agre	(Zycoste)  limited liabile to act in this of my duties  Me	s capacity. , and I am f	l further amiliar der
egistered agent's acceptiving been named as resignated in this applicate comply with the provisid accept the obligations.  The name, title or capa	tance:  gistered agent and to accept service  ion, I hereby accept the appointme  ons of all statutes relative to the pro  of my position as registered agent.  (B)  (B)  (City and address of the person(s) who	nt as registere oper and comp	r the above stated ed agent and agre plete performance	Typeode) I limited liabile to act in this of my duties Me Asst.	s capacity. , and I am f lissa Zeni	l further amiliar der
egistered agent's acceptiving been named as rej signated in this applicate comply with the provisid d accept the obligations	(Cox) tance; gistered agent and to accept service tion, I hereby accept the appointme tons of all statutes relative to the pro of my position as registered agent.  (Bristered ag	ont as registere oper and comp	r the above stated ed agent and agre plete performance	United liable to act in this of my duties  Asst.  is/are:	s capacity. , and I am f lissa Zeni	I further amiliar der idem
egistered agent's accept aving been named as re- signated in this applicat comply with the provisi- d accept the obligations The name, title or capa	tance; gistered agent and to accept service ion, I hereby accept the appointme ons of all statutes relative to the pro of my position as registered agent.  the reservice of the person(s) wh Name and Address:  William J. Minick III	ont as registere oper and comper	r the above stated agent and agre olete performance the control of	United liable to act in this of my duties  Asst.  is/are:	s capacity. , and I am f lissa Zend Vice Pres	I further amiliar der idem
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egistered agent's acceptiving been named as resignated in this applicate comply with the provision accept the obligations.  The name, title or capa Title or Capacity:  President	city and address of the person(s) who have and Address:  William J. Minick III  3026 Mockingbird Lane #  Dallas, TX 75205	ont as registere oper and comper	r the above stated agent and agre olete performance the control of	United liable to act in this of my duties  Asst.  is/are:	s capacity. , and I am f lissa Zend Vice Pres	I further amiliar der idem
egistered agent's acceptiving been named as resignated in this applicate comply with the provision accept the obligations.  The name, title or capa Title or Capacity:  President	city and address of the person(s) who have and Address:  William J. Minick III  3026 Mockingbird Lane is Dallas, TX 75205	ont as registere oper and comper	r the above stated agent and agre olete performance the control of	United liable to act in this of my duties  Asst.  is/are:	s capacity. , and I am f lissa Zend Vice Pres	I further amiliar der idem

Typed or primed name of signee



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Santa Rosa Point, LLC (file number 802800390), a Domestic Limited Liability Company (LLC), was filed in this office on August 24, 2017.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 13, 2017.





Rolando B. Pablos Secretary of State



# RESUBMIT

Please give original submission date as file date.

## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2017

CSC / ROXANNE TURNER

SUBJECT: SANTA ROSA POINT, LLC

Ref. Number: W17000074156

We have received your document for SANTA ROSA POINT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly Regulatory Specialist II

Letter Number: 417A00018790