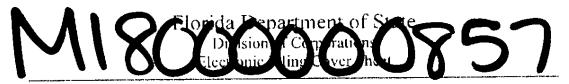
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Division of Corporations



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,	Division of Cor	porations	
	Fax Number	: (852)617-6383	
From:			
	Account Name	: C T CORPORATION SYSTEM	
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Foreign Limited Liability Company SITM NEW PORT COVE, LLC

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SUBJECT:	<u></u>		Name of Lit	mited Liability	Company				
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Please return all	correspondence év	ncerning this ma	ater to the fo	llewing:		•	· .		
	. Miles McDouga				• •				•
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	jhogg@sbmarinas	.com		-		٠.		-	•
		E-mail address:	(to be used f	or future annu	al report notifi	cation)			
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For further infor	manou concerning	, ,							
	McDougal			214	259-0960		`.		
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Page 1

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

DELAWARE, DO HEREBY CERTIFY "SHM NEW PORT COVE, 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-FOURTH DAY OF JANUARY, A.D. 2018.

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

. . .

Authentication: 202023111

Date: 01-24-18

6673139 8300 SR# 20180447682

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