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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2018

MAXINE NOVAK PO BOX 112315 NAPLES, FL 34108 US

SUBJECT: SHADOW RIDGE PROPERTIES LLC

Ref. Number: W18000002813

We have received your document for SHADOW RIDGE PROPERTIES LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 218A00000671

COVER LETTER

TO:	Registration Sec Division of Corp						
SUBJEC		lge Properties LLC					
Name of Limited Liability Company							
				t Business in Florida," Certificate of apany to transact business in Florida.			
Please re	eturn all correspoi	ndence concerning this matter to the	following:				
	Maxine	e Novak					
	Name of Person						
	Shadov	Shadow Ridge Properties LLC					
	Firm/Company						
	РО Во	PO Box 112315					
	Address						
	Naples	Naples FL 34108					
		City/S	tate and Zip Code	 			
	mxnoval	@optonline.net					
		E-mail address: (to be used	for future annual report notifica	tion)			
For furth	ner information co	oncerning this matter, please call:					
	Maxine Novak		203 536-7103 at (
		Name of Contact Person	Area Code Daytime	Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassec, F	orporations ection ng ve Center Circle				
Enclosed	d is a check for th	e following amount: g Fee \$\begin{align*} \$\begin{align*} \$130.00 \text{ Filing Fee & } \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\$160.00 Filing Fee, Certificate Status & Certified Copy			

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Shadow Ridge Properties, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")					
(If name unavailable, enter alterna	te name adopted for the purpose of transacting business in Fl	orids. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "LI.C.")		
2. Delaware		3. 59-3777215			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)		
4. May 7, 2009 (M090	000001736) - withdrawn on October 25, 20	017			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration.) nane penalty liability)			
5. 28552 Longford Cor		6. PO Box 112315			
(Street Address of Principal Office)		(Mailing Add	ress)		
Bonita Springs FL 3	4135	Naples FL 34108			
	ress of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)			
Name:	Corporation Service Company				
Office Address	1201 Hays Street				
	Tallahassee	, Florida_32301			
Registered agent's acc	(City)	(Zip cod	ε)		
to comply with the prov and accept the obligation	cation, I hereby accept the appointment of isions of all statutes relative to the properties of my position as registered agent. (Registered agent's appacity and address of the person(s) who have and Address: Maxine Novak 28552 Longford Court Bonita Springs, FL 34135	ASSISTANT VP.	in this capacity. I further agree duties, and am familiar with		
jurisdiction under the law of the translator must be 10. This document is exc	te of existence, no more than 90 days old, wof which it is organized. (If the certificat	te is in a foreign language, a translati 3 (1) (b), Florida Statutes. I am awar	on of the certificate under oath		
	- ' Signature	of an authorized person			
	Maxine Novak				
	Typed o	printed name of signee			





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHADOW RIDGE PROPERTIES, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2018.

Authentication: 201979335

Date: 01-17-18