## 118000002794

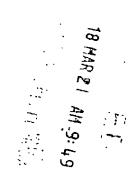
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W18-1952-0

Office Use Only



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02/28/18--01043--012 \*\*130.00



Y SULKER MAR 2 2 2018



February 27, 2018

STANLEY MORROW 2958 FIRST AVENUE NORTH ST PETERSBURG, FL 33713

SUBJECT: SPLASH FOUR RE HOLDINGS, LLC

Ref. Number: W18000019520

We have received your document for SPLASH FOUR RE HOLDINGS, 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.

Letter Number: 618A00004053

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

Registration Section

TO:

Div	ision of Corporations SPLASH FOUR RE					
SUBJECT:		Name of L	imited Liability C	ompany		
The enclosed Existence, ar	I "Application by Fore and check are submitted	ign Limited Liability Compa to register the above referen	any for Authorizat aced foreign limite	ion to Tran	sact Business in Florida," Certificate o company to transact business in Florid	f a.
Please return	all correspondence co	oncerning this matter to the f	ollowing:			
	Stanley Morrow					
		Na	me of Person	_		
	Sanders Law Gr	oup, P.A.				
	-	Fir	m/Company			
	2958 First Aven	ue North				
			Address			
	St. Petersburg, F	Florida 33713				
		City/St	ate and Zip Code			
	stanley@sandersl					
	_	E-mail address: (to be used	for future annual	report noti	fication)	
For further i	information concerning	g this matter, please call:				
sta	nley morrow		727 at (	328-775	5	
	Name o	f Contact Person	Area Code	Dayı	ime Telephone Number	
Di Re P.0	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314			Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporations on Section ailding cutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigsim \text{\$130.00 Filing Fee & Certificate of Status}\$	S155.00 Filir Certified Copy	ıg Fee &	☐ \$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:

	DLDINGS, LLC Limited Liability Company; must include "			
If name unavailable, enter alterrate m	ome adopted for the purpose of transacting busines	s in Florida. The alternate nam	e must include "Limited Liabi	lity Company," "L.L.C," or "LLC.")
. DELAWARE		3		r, il applicable)
(Junsdiction under the law of wh	uch (oreign limited liability company is organized)		(FEI vmmos	t' il abbitcapie)
4. N/A				
t	(Date first transacted business in Florida, if (See sections 605 0904 & 605.0905, F.S. to	orior to registration ) determine penalty liability)	<del></del> -	
5. 727 South Edison Aver			uth Edison Avenue	
(Street Address of F	rincipal Office)	Tampa	(Mailing Addre , Florida 33606	(55)
Tampa, Florida 33606	_ <del></del>	rampa,	, Florida 33000	
7 Name and street addres	s of Florida registered agent: (P.O	. Box NOT acceptat	ole)	
	Anthony Georgiadis			
Name:				
Office Address:	727 South Edison Avenue			· / 🙃
	Tampa		, Florida <u>33606</u>	) <u>75</u>
Registered agent's accep	(City)		(Zip code	) - <del>59</del>
to comely with the provis	ions of all statutes relative to the p	roper and complete	performance of my a	in this capacity. Lfurther agre luties, and I am f <del>al</del> niliar with
to comply with the provis and accept the obligation	ions of all statutes relative to the p s of my position as registered agen	roper and complete	performance of my (	luties, and I am familiar with
to comply with the provis and accept the obligation	ions of all statutes relative to the p s of my position as registered ager	roper and complete	performance of my a	duties, and I am familiar with
and accept the obligation  8. The name, title or cap	s of my position as registered agenticative and address of the person(s) was active and address of the person active and address of the person active act	roper and complete at.  agent's signature)  who has/have authorit	y to manage is/are:	49 17
8. The name, title or cap Title or Capacity:	general statutes relative to the person of all statutes relative to the person of my position as registered agent (Registered acity and address of the person(s) Name and Address:	roper and complete at.  agent's signature)  who has/have authority  Title or (	y to manage is/are:	Name and Address:
and accept the obligation  8. The name, title or cap	ions of all statutes relative to the ps of my position as registered agent (Registered acity and address of the person(s) value and Address:  727 South Edison Avenue	roper and complete at.  agent's signature)  who has/have authority  Title or (	y to manage is/are:	49 17
8. The name, title or cap Title or Capacity:	general statutes relative to the person of all statutes relative to the person of my position as registered agent (Registered acity and address of the person(s) Name and Address:	roper and complete at.  agent's signature)  who has/have authority  Title or (	y to manage is/are:	49 17
8. The name, title or cap  Title or Capacity:  Anthony Georgiadis	acity and address of the person(s) v.  Name and Address:  727 South Edison Avenue  Tamoa, Florida 33606	roper and complete at.  agent's signature)  who has/have authorit  Title or (  me Manager	ty to manage is/are:	49 17
8. The name, title or cap Title or Capacity:	acity and address of the person(s) v  Name and Address:  727 South Edison Aventarious Aven	roper and complete at.  agent's signature)  who has/have authorit  Title or (  me Manager	ty to manage is/are:	49 17
8. The name, title or cap  Title or Capacity:  Anthony Georgiadis	acity and address of the person(s) v.  Name and Address:  727 South Edison Avenue  Tamoa, Florida 33606	roper and complete at.  agent's signature)  who has/have authorit  Title or (  me Manager	ty to manage is/are:	49 17
8. The name, title or cap  Title or Capacity:  Anthony Georgiadis	acity and address of the person(s) Name and Address:  727 South Edison Aventamoa, Florida 33606	roper and complete at.  agent's signature)  who has/have authorit  Title or (  me Manager	ty to manage is/are:	49 17
8. The name, title or cap Title or Capacity: Anthony Georgiadis Benjamin White  (Use attachments if nece	acity and address of the person(s) value and Address:  727 South Edison Avenual Tampa. Florida 33606  727 South Edison Avenual Tampa. Florida 33606  ssary)  e of existence, no more than 90 days of which it is organized. (If the celebrate of the person of	roper and complete at.  agent's signature)  who has/have authorit  Title or (  Manager  Mananger  Mananger  Sold, duly authentice	ty to manage is/are: Capacity:	Name and Address:
8. The name, title or cap  Title or Capacity:  Anthony Georgiadis  Benjamin White  (Use attachments if nece 9. Attached is a certificate jurisdiction under the law of the translator must be seen	acity and address of the person(s) value and Address:  727 South Edison Avenual Tampa. Florida 33606  727 South Edison Avenual Tampa. Florida 33606  ssary)  e of existence, no more than 90 days of which it is organized. (If the celebrate of the person of	roper and complete at.  agent's signature)  who has/have authoring Title or (  the Manager  Manager  s old, duly authenticate is in a foreign  5.0203 (1) (b), Florid	by to manage is/are: Capacity:  cr  ated by the official had a language, a translat	Name and Address:  ving custody of records in the ion of the certificate under oath the that any false information
8. The name, title or cap  Title or Capacity:  Anthony Georgiadis  Benjamin White  (Use attachments if nece 9. Attached is a certificate jurisdiction under the law of the translator must be seen and the translator must be	Registered agent (Registered agent)  acity and address of the person(s) value and Address:  727 South Edison Avenuation Florida 33606  727 South Edison Avenuation Florida 33606  ssary)  e of existence, no more than 90 days of which it is organized. (If the celesubmitted)  cuted in accordance with section 60 to the Department of State constituted.	roper and complete at.  agent's signature)  who has/have authoring Title or (  the Manager  Manager  s old, duly authenticate is in a foreign  5.0203 (1) (b), Florid	er to manage is/are: Capacity:  er  ated by the official had a language, a translated language as provided for in	Name and Address:  ving custody of records in the ion of the certificate under oath the that any false information

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPLASH FOUR RE HOLDINGS, 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 TWENTIETH DAY OF MARCH, A.D. 2018.



Authentication: 202353957

Date: 03-20-18

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