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#### COVER LETTER

	Registration Section Division of Corporation	ıs					
CHRITT	THE WAERFRON	T AT CAPE CORAL, LLC					
SUBJEC	·	Name of	Limited Liability (	Company		<del></del>	
The enclo Existence.	sed "Application by For and check are submitte	eign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limi	ation to Tra ted liabilit	ansact Business in Florid y company to transact bu	la." Certificate of usiness in Florida.	
Please reti	urn all correspondence c	oncerning this matter to the	following:				
	JAMES SENTI	ERS					
		N'	ame of Person			_	
	INDEPENDEN	T RECOVERY INC					
		F	irm/Company			_	
	28562 OSO PK	WY D-326					
			Address			_ <del>_</del>	
	RANCHO SAN	TTA MARGARITA CA 926	588				
	-	City/S	tate and Zip Code			_	
	INDEPENDENT	RECOVERY@YAHOO.CO	DМ			25	
		E-mail address: (to be used	d for future annua	l report not	tification)	2018	,
For furthe	r information concerning	g this matter, please call:		•		- :	•
]	IAMES SENTERS		949 at (	350-32 )	30	10 P	1
	Name o	f Contact Person	Area Code	Day	time Telephone Number	r 👨 '	,
	HAILING ADDRESS: Division of Corporations Registration Section 2.O. Box 6327 'allahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding centive Center Circle see, FL 32301	02	
	is a check for the follow \$\ \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ng Fee &	S160.00 Filing Fee. of Status & Certified (		

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES. THE FOLLOWING IN SUBMITTED TO REGISTER A L	<i>OREI</i> GN	TIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		

(Name of Feorga Limited Labblity Company, most include "Lamited Labblity Company, "NLLC" or "LLC" or "	THE WATERFRONT A	AT CAPE CORAL, LLC		
CALIFORNIA    June   Institute   Immediate   Immediate	(Name of Foreign I	imited Liability Company, must include "Limite	ed Liability Company, ""L. L.C.," or "Ll	("")
CALIFORNIA    June   Institute   Immediate   Immediate			7.75 (	11 11 11 11 11 11 11 11 11 11 11 11 11
This chief translated bouncs in Intrad, of prior to reportation 1 (See section 605 0914 A 605 0903, F.8 to determine petally liability)  28562 OSO PARKWAY D326 (Siret Address of Florida registered agent: (P.O. Bux NOT acceptable)  Name: REVIN L KELLOGG 81-2456538  Office Address: 1522 LYNWOOD AVE FORT MYERS  FORT MYERS  Office Address: 1522 LYNWOOD AVE FORT MYERS  Fort Myers  (Cop)  Topocket		ne adopted for the purpose of fransacting business in 1 to		ed Danning Company, 1.1. C, or 1.1 C
Place that transcisced becomes not Hondor of prior to representations, 1 prior to representations, 2 prior to representations, 2 prior to representations, 2 prior december people is including address).		ch foreign limited liability company is organized)		number, it applicable)
Place that transcisced becomes not Hondor of prior to representations, 1 prior to representations, 2 prior to representations, 2 prior to representations, 2 prior december people is including address).	02/21/2010			
28562 OSO PARKWAY D326 (Street Address of Principal Diffice) RANCHO SANTA MARGARITA. CA 92688  Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:    KEVIN I, KELLOGG 81-2456538		(Date first transacted business in Florida, if prior to	registration )	
Challegy Address   Challegy Address   Challegy Address   RANCHO SANTA MARGARITA, CA 92688	20272 (2005) DADUWA		· · ·	V 1226
Name: KEVIN L KELLOGG 81-2456538  Office Address: 1522 LYNWOOD AVE FORT MYERS PORT MYERS			6. 28302 OSO PARKWA	(Address)
Name:    Name:   KEVIN I. KELLOGG 81-2456538	RANCHO SANTA MA	RGARITA, CA 92688	RANCHO SANTA MA	ARGARITA, CA 92688
Name:    Name:   KEVIN I. KELLOGG 81-2456538	•			
Name: KEVIN I. KELLOGG 81-2456538  Office Address: 1522 LYNWOOD AVE: FORT MYERS  Egistered agent's acceptance: Copy of the above stated limited liability company at the place signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity? I further age comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ad accept the obligations of my position as registered agent's squamer)  Title or Capacity: Name and Address: Title or Capacity: Name and Address: MBR  JAMES D. SENTERS  28562 OSO PKWY D326  RSM. CA 92688  MBR  JESSE L. SENTERS  28562 OSO PKWY D326  RSM. CA 92688  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 rediction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oal first translator must be submitted)  This document is executed in accordance with section 605 (203 (1) (b), Florida Statutes. I am aware that any false information thmitted in a document to the Department of State constitutes a third offerce felony as provided for in s.817 155. F.S.				
Office Address:    1522 LYNWOOD AVE	Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	
Office Address:    FORT MYERS	Noma	KEVIN I. KELLOGG 81-2456538		
egistered agent's acceptance:    Grit   Grit	Name.	.533.440.000.440	<del></del>	
egistered agent's acceptance:  laving been named as registered agent and to accept service of process for the above stated limited liability company at the place exignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity? I further day to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  Title or Capacity:    Name and Address:   Title or Capacity:   Name and Address:   Name and Addre	Office Address:	1522 LYNWOOD AVE		
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and address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name a		•	(Z)	
The name, title or apacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  MBR  JAMES D. SENTERS  Bane and Address:  MBR  JESSE L. SENTERS  28562 OSO PKWY D326  RSM, CA 92688  MBR  JESSE L. SENTERS  28562 OSO PKWY D326  RSM, CA 92688   MBR  JESSE L. SENTERS  28562 OSO PKWY D326  RSM, CA 92688   Disc 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 risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oal the translator must be submitted)  D. This document is executed in accordance with section 605 \$203 (1) (b), Florida Statutes, I am aware that any false information bmitted in a document to the Department of State constitution third degree felony as provided for in s.817 155, F.S.	id accept the obligations.	of my position as registered ugent,	<del>/  </del>	
Title or Capacity:  Mame and Address:  MBR  JAMES D. SENTERS  MBR  WENDY L. SENTERS  28562 OSO PKWY D326  RSM, CA 92688  MBR  JESSE L. SENTERS  28562 OSO PKWY D326  RSM, CA 92688  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 risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oat the translator must be submitted)  D. This document is executed in accordance with section 605 #203 (1) (b), Florida Statutes, I am aware that any false information abmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817 155. F.S.	<u> </u>	Jan Ilix	<u> </u>	, 1
Title or Capacity:    Name and Address:   Title or Capacity:   Name and Address:   Name and Nam		) arr like istered agent	signature)	
MBR  JAMES D. SENTERS  28562 OSO PKWY D326  RSM, CA 92688  MBR  JESSE L. SENTERS  28562 OSO PKWY D326  RSM, CA 92688   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 risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under out of the translator must be submitted)  D. This document is executed in accordance with section 605 #203 (1) (b), Florida Statutes. I am aware that any false information ibmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817 155. F.S.				- b
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Typed or printed name of signee

# State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: THE WATER FRONT AT CAPE CORAL, LLC

FILE NUMBER:

201804110085

FORMATION DATE:

01/29/2018

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

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IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 23, 2018.

ALEX PADILLA Secretary of State

#### BYLAWS OF

## THE Water FRONT AT CAPE COROL LLC. (A California Corporation)

2018 / PR 1 (0 P)

ARTICLE I OFFICE

SECTION 1.1 PRINCIPAL EXECUTIVE OFFICE

The location of the principal executive office of the corporation shall be fixed by the board of directors. It may be located at any place within or without the state of California. If the office is located in California, the secretary of this corporation shall keep the original or a copy of these bylaws as amended to date at the principal executive office. If the principal executive office is located without the state of California, the bylaws shall be kept at the principal business office in California. As required by Section 1502 of the California Corporation Code, the officers of this corporation shall cause the corporation to file annual statement specifying the street address of the corporation principal executive office.

#### SECTION 1.2 BRANCH OFFICES

The corporation may have any other offices either within or without the state of California, the board of directors may designate from time to time, or may required by the corporation for day-to-day business activities.

#### SECTION 1.3 REGISTERED AGENT

The corporation shall have and maintain a registered agent in the State of <u>California</u> and in all other states in which it is required by applicable law.

#### CERTIFICATE OF ADOPTION OF THE BYLAWS

This is to certify that I am the duly-elected, qualified and acting Secretary of the above mentioned corporation and that the above and foregoing code of bylaws was submitted to the shareholders at their first meeting held on the date set forth in these bylaws and recorded in the minutes thereof, was ratified by the vote of shareholders entitled to exercise the majority of the voting power of said corporation.

In the witness whereof, I have hereunto set my hand this

/ Secretary

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IN WITNESS WHEREOF, the undersigned, being the Member of the above named limited liability company, have hereunto executed this Agreement as of the \_\_\_\_\_ of \_\_\_\_\_ Wendy Louise Senters Wendy Louise Senters
Print Name

James D Senters Dr.

Print Name Signature Print Name Print Name Signature Print Name Signature Print Name Signature Signature Print Name Signature Print Name