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18 APR 17 PM 12: 58 SECRETABY OF STATE ORDER

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April 12, 2018

VIA FEDERAL EXPESS

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

> APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA ("APPLICATION") FOR DD PORT HARBOUR 17.36,LLC

Dear Sir/Madam:

Enclosed is the original, above-referenced Application, the Certificate of Existence as well as our check in the amount of \$125.00 payable to Florida Department of State representing payment of the filing fee for the Application as well as the Designation of Registered Agent Fee. Please file the document and return evidence of same to me.

Thank you for your attention and assistance in this matter.

Sincerely,

Debora M. Martin Paralegal

Encl.



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	DD Port Harbour 17	.36, LLC		
SOBILCI.		Name of I	imited Liability Company	
				ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return	all correspondence of	oncerning this matter to the	following:	
	Debora M. Mar	tin		
		Na	ime of Person	
	Davis Develop	ment, Inc.		
		Fi	rm/Company	
	403 Corporate	Center Drive, Suite 201		
			Address	
	Stockbridge, G	eorgia 30281		
		City/St	ate and Zip Code	
	debora.martin@o	lavisdevga.com		
		E-mail address: (to be used	for future annual report no	tification)
For further in	nformation concerning	g this matter, please call:		
Del	bora M. Martin		770 474-4]	345
	Name o	f Contact Person		ytime Telephone Number
Div Reg P.O	ision of Corporations istration Section Box 6327 ahassee, FL 32314		Division Registra Clifton F 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301
	check for the follow 125.00 Filing Fee	ing amount: \$\Bigsize \text{\$\ext{\$\text{\$\$\}}}}}\$}}} \end{length}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPIJANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

April 30, 2018 (Date first iransected business in Honda, if price to registration) (FFI number, if applicable)	18 APR	ve, Suite 201	3. (FEI num (FEI num lty liability) 5. 403 Corporate Center Dri (Mailing Ad	anized) 3. ida, if prior to registration F.S. to determine penalty	(Date first transacted business in (See sections 003 0904 & 605 00	Georgia (Jurisduction under the law of wh
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(City) April 30, 2018 (Date first transacted business in Florida, if price to regastration) (Since sections 603 0964 & 603 0905, F.S. to determine persity liability) 403 Corporate Center Drive, Suite 201 (Sincet Address of Principal Office) (Stockbridge, Georgia 30281 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road	18 APR 1	ve, Suite 201	lty tiability) 5. 403 Corporate Center Dri (Mailing Ad	nda, if pelor to registration F.S. to determine penalty	(Date first transacted business in (See sections 60% 0904 & 605 09	
(Date first transacted business in Florida, if price to registrative) (See sections 60% 0904 & 603 0905, F.S. to determine petalty bushilty) 403 Corporate Center Drive, Suite 201 (Smeet Address of Frincipal Office) (Smeet Address of Frincipal Office) (Stockbridge, Georgia 30281 Stockbridge, Georgia 30281 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road Plantation (City) (Cit	18 APR 1	dress)	ity tiability) 5. 403 Corporate Center Dri (Mailing Ad	F.S. to determine penalty	(See sections 605 0904 & 605 09	April 30, 2018
(See sections 600 0004 & 603 0005, F.S. to determine penalty liability) 403 Corporate Center Drive, Suite 201 (Street Address of Principal Office) Stockbridge, Georgia 30281 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation Plantation (City) (18 APR 1	dress)	ity tiability) 5. 403 Corporate Center Dri (Mailing Ad	F.S. to determine penalty	(See sections 605 0904 & 605 09	
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Stockbridge, Georgia 30281 Stockbridge, Georgia 50281 Stockbridge, Stock	18 APR 1	dress)	(Mailing Ad	0.	JIIVE, SUILE ZUI	403 Corporate Center I
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation Florida 33324 registered agent's acceptance: (City) (Zip code) registered agent and to accept service of process for the above stated limited liability companisignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity: comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I amult accept the obligations of my position as registered agent. CT Corporation System By Michael Jones, Assistant Secretary (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address:	18 BR	81 	Stockbridge, Georgia 302			
Office Address: 1200 South Pine Island Road Plantation Florida 33324 (Zip code)	ALREAD F				0281	Stockbridge, Georgia 3
Office Address: Description City City City City	188 -	ي سيآ				
Office Address: Description						
Office Address: Description City City To process for the above stated limited liability companies aring been named as registered agent and to accept the appointment as registered agent and agree to act in this capacity. Comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I amend accept the obligations of my position as registered agent. Comply with the provision of my position as registered agent. Complete performance of my duties, and I amend accept the obligations of my position as registered agent. Composition System Michael Jones, Assistant Secretary Michael Jones, Assistant Secretary Michael Jones, Assistant Secretary Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and	- 1:0		Facceptable)	(P.O. Box NOT a	s of Florida registered agen	Name and street address
Office Address: 1200 South Pine Island Road Plantation Florida 33324 (Zip code)	15 J		- , ,			
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registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability comparisions and in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I amend accept the obligations of my position as registered agent. C T Corporation System Michael Jones, Assistant Secretary (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address:		1.			riamation	
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The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address:					By: 27	
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Manager Davis Development, Inc.	<u>.aaress:</u>	Name and At	Title or Capacity:	<u>s:</u> <u>11</u>	Name and Addi	ine or Capacity:
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Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of				days old, dub, aut	of existence no more than	Attached is a certificate
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certific	records in	aving custody of a	authenticated by the official h			
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Typed or printed name of signee

Control Number: 18040869

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the sea office that

DD Port Harbour 17.36, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 15726494 Date Inc/Auth/Filed: 03/22/2018 Jurisdiction : Georgia : 04/05/2018 Print Date

Form Number : 211



Brian P. Kemp Secretary of State