18000005467

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May 24, 2018

BARRY HAMILTON 1200 PENNSYLVANIA STREET STE. 100 DENVER, CO 80203 US

SUBJECT: PALM MANOR, LLC Ref. Number: W18000049791

We have received your document for PALM MANOR, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of your document, along with 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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 918A00010919

COVER LETTER

то:	Registration Section Division of Corporation	ons				
CHIDAN	Palm Manor, LLC					
SUBJE	CI:	Name of	Limited Liability	Company		
The enc	losed "Application by Fo	reign Limited Liability Comed to register the above refer	pany for Authoriz enced foreign limi	ation to Tr ited liabilit	ransact Business in Florida," ty company to transact busin	Certificate of ess in Florida.
Please re	eturn all correspondence	concerning this matter to the	following:			
	Barry Hamilton	n				
	•	N	lame of Person			
	Palm Manor, I	LC				
		F	irm/Company		-	
	1200 Pennsylv	ania Street, STE 100				
			Address			
	Denver, CO 80	203				
		City/S	tate and Zip Code	<u> </u>		
	kristin.thomas@	redcanyonsoftware.com				
		E-mail address: (to be use	d for future annual	report no	tification)	
For furth	er information concernin	g this matter, please call:				
	Kristin Thomas		303 at (864-05	56	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section iuilding centive Center Circle see, FL 32301	
	is a check for the follow \$\frac{1}{2}\$ \$125.00 Filing Fee	ing amount: \$\Bigsize \text{\$\Sigma}\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	S160.00 Filing Fee, Cer 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 POILLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		() 1 POINTS. 11/C SERVE MALE AND IN COMME COLOR	ted Liability Company," "L.L.C," or "LLC
Colorado		3 82-3818853	
	rhich foreign limited liability company is organized)	J	El number, il applicable)
04/11/2018			
	(Date first transacted business in Florida, if pris (See sections 603.0904 & 605.0905, F.S. to de	or to registration.) terume penalty liability)	
1403 Indian River Av	enue	6. 1200 Pennsylvania St	rect STE 100
(Street Address o	Principal Office)	•	ng Address)
Titusville, FI 32780		Denver, CO 80203	
Name and street addre	ss of Florida registered agent: (P.O. I	Box NOT acceptable)	
Name:	David Cook		
	300 S. Washington St.		
Office Address:			
gistered agent's acce ving been named as r signated in this applic comply with the provi	Titusville (City) Stance: Segistered agent and to accept service tition, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent.	of process for the above stated liv It as registered agent and agree to	tip code) mited liability company at the o act in this capacity. I fund
egistered agent's acce aving been named as r signated in this applic comply with the provi d accept the obligation	(City) otance: egistered agent and to accept service tion, I hereby accept the appointmen ions of all statutes relative to the pro	of process for the above stated ling to as registered agent and agree to the and complete performance of the action of the signature)	nited liability company at the o act in this capacity. I furth, f my duties, and I am familia
egistered agent's acce aving been named as r signated in this applic comply with the provi d accept the obligation	otance: egistered agent and to accept service stion, I hereby accept the appointmen ions of all statutes relative to the pro s of my position as registered agent. (Registered age	of process for the above stated ling to as registered agent and agree to the and complete performance of the action of the signature)	nited liability company at the o act in this capacity. I furth, f my duties, and I am familia
egistered agent's acce aving been named as r signated in this applic comply with the provi ad accept the obligation The name, title or cap	otance: egistered agent and to accept service stion, I hereby accept the appointment ions of all statutes relative to the prof s of my position as registered agent. (Registered age acity and address of the person(s) who	of process for the above stated ling as registered agent and agree to the and complete performance of the signature) has/have authority to manage is/a Title or Capacity: Bookkeeping Admin	nited liability company at the coact in this capacity. I fund, for my duties, and I am familiate.
egistered agent's acce aving been named as r signated in this applic comply with the provid d accept the obligation The name, title or cap Title or Capacity:	otance: egistered agent and to accept service stion, I hereby accept the appointment ions of all statutes relative to the profits of my position as registered agent. (Registered agent active and address of the person(s) who Name and Address: Kristin Thomas 1200 Pennsylvania St. #100	of process for the above stated ling as registered agent and agree to the and complete performance of the signature) has/have authority to manage is/a Title or Capacity: Bookkeeping Admin	nited liability company at the coact in this capacity. I further my duties, and I am familiate: Name and Address: Haley Rollins 1200 Pennsylvania St.
egistered agent's accessing been named as resignated in this application of accept the obligation. The name, title or caparity: Director of Operation	otance: egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the profits of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Kristin Thomas 1200 Pennsylvania St. #100 Denver, CO 80203	of process for the above stated ling as registered agent and agree to be and complete performance of the signature) has/have authority to manage is/a Title or Capacity: Bookkeeping Admin Site-lead	nited liability company at the pact in this capacity. I further my duties, and I am familiare: Name and Address: Haley Rollins 1200 Pennsylvania St. Denyer. CO 80203

Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Palm Manor, LLC

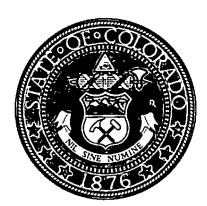
is a

Limited Liability Company

formed or registered on 12/18/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171931801

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/01/2018 that have been posted, and by documents delivered to this office electronically through 06/04/2018 @ 16:21:17 -

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/04/2018 @ 16:21:17 in accordance with applicable law. This certificate is assigned Confirmation Number 10936844



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

End of Certificate***