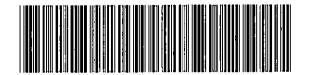
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ENTITY	NAME_	SEASCAPE TOWNE CENTER THE GALWAY DISTRICT, L	LC
DOCUM	ENT NUN	MBER	
		PLEASE FILE THE ATTACHED AND RETURN	
XXXXX	<u> </u>	Plain Copy	
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		PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	
		**APOSTILLE' / NOTARIAL CERTIFICATION **	
COUNTR	PY OF DES	STINATION	<u>_</u>
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TOTAL	OWED <u>\$</u>	125.00 CHECK # 5068	
Please	call Tin	a at the above number for any issues or concerns. Thank y	oa so much!

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER 4 FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-Seascape Towne Centre the Galway District, LLC (Name of Foreign Christed Liability Company; must include "Limited Liability Company;" "L.L.C.," or "Ll.C.") off name unavailable, onter alterrate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LT C," or "LLC") (Invisitation under the law of which foreign limited liability company is organized) (Dute first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605-0905, ΓS to determine penalty liability.) 2106 Devereux Circle, Suite 200 5. 2106 Devereux Circle, Suite 200 (Mading Address) (Street Address of Principal Office) Birmingham, AL 35243 Birmingham, AL 35243 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jay Nettles Name: 556 Seascape Drive Office Addres Miramar Beach Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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-8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Mark Osburn Member 2106 Devereux Cir. Ste 200 Birmingham, AL 35243 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constituter a third degree felony as provided for in s.817.155, F.S.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SEASCAPE TOWNE CENTRE THE GALWAY

DISTRICT, 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

JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEASCAPE TOWNE CENTRE THE GALWAY DISTRICT, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203101416

Date: 07-20-18

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