

9/18/2018

Division of Corporations

1210 23 73 From: Kimberly Laughrey

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Florida Department of State
Division of Corporations
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Foreign Limited Liability Company
PRCP-SUNRISE WATERS EDGE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

W18-83795

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N CULLIGAN

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:

1. PRCP-Sunrise Water's Edge LLC
 (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")
Water's Edge, LLC
 (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware
 (Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-1782345
 (FLETC number, if applicable)

4. 09/18/2013
 (Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0914 & 605.0905, F.S. to determine penalty liability)

5. 525 Okeechobee Blvd., Suite 1650
 (Street Address of Principal Office)
West Palm Beach, FL 33401
6. 525 Okeechobee Blvd., Suite 1650
 (Mailing Address)
West Palm Beach, FL 33401

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kathleen Swencki

Office Address: 525 Okeechobee Blvd Ste 1650
West Palm Beach, Florida 33401
 (City) (Zip code)

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.

By: [Signature]
 (Registered agent's signature)

8. 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:
Member	David Khoury 525 Okeechobee Blvd, #1650 West Palm Beach, FL 33401		
Member	George Banks 525 Okeechobee Blvd, #1650 West Palm Beach, FL 33401		

(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 constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
 Signature of an authorized person

David N Khoury
 Typed or printed name of signer

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PRCP-SUNRISE WATER'S EDGE, 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2018.

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



7039164 8300

SR# 20186711589

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203443900

Date: 09-18-18