Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180002863153)))



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To:

Division of Corporations

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Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728

Fax Number : (561)671-2527

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: mstocks@gunster.com

Foreign Limited Liability Company LIGHTHOUSE POINT FL LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

APPLICATION BY FO	OREIGN LIMITED LIABILITY COMP. IN FLOI		H18000286315 3 N TO TRANSACT BUSINESS
IN COMPLIANCE WITH NEC	TION 608.0902, FLORIDA STATUTES, THE FOLL		TER A FOREIGN LIMITED LIABILIT
	UNINESS IN THE STATE OF FLORIDA:]
LIGHTHOUSE POIN			
(Name of Foreign	Limited Liability Company, must include "Limited L	ubility Company," "L.L.C.," or "L.L.C."	
((f name anarcallable, enter abcorner	name adopted for the purpose of transacting business in Florida.	The afternate name must be hade "I impact I in	hibby Company's T. I. C. t or T. I. C. to
2 DELAWARE		3 83-1624360	201, 11 13.1,
4.	thich foreign limited highly constraint is organized)		her, if applicable)
· 4			j
	(Date first varianted business in Floridz, if prior to regin (See sections 603 0904 & 605,0905, F.S. to determine p	sention.) regalty listelity)	
5. 3444 NW 27th AVEN	UE	6. 3444 NW 27th AVENUE	2015 SEC. 3
POMPANO BEACH,		(Mailing Add POMPANO BEACH, FLO	
TOWN AND BEACH,	PEONIDA 33007	TOMPANO BEACH, TEO	I ASSOCIATION OF THE PROPERTY
			I OC N
7. Name and street addres	ss of Florida registered agent: (P.O. Box N	OT acceptable)	
	GY Corporate Services, Inc.	<u> </u>	
Name:			AMID: 5:
Office Address:	600 Brickell Avenue, Suite 3500		- ω
	Miami	, Florida 33131	
designated in this applicate to comply with the provise	stance: egistared agent and to accept service of pro- ction, I hereby accept the appointment as re- ions of all statutes relative to the proper an as of my position as registared agent. GY CO	ngistered agent and agree to act it complete performance of my	in this capacity. I further ugree
	By: /s	/ William J. Hyland	
	(Registered agent's ogno	William J. Hyland, Vice Presider	it
8. The name, title or capa Title or Capacity:	acity and address of the person(s) who has/h Name and Address:	ave authority to manage is/are: Title or Canacity:	Name and Address:
MGR	R/S ASSOCIATES OF FLORIDA		
	Pampano Beach, Florida 33069		
			-
(Use attachments if neces	sarv)		
9. Attached is a certificate	of existence, no more than 90 days old, dul- of which it is organized. (If the certificate is		
	uted in accordance with section 605,0203 (1) of the Department of State constitutes a third of		
	/s/ Daniel H. Shooster		
	Signature of an	authorized person	

Typed or printed name of signer

Daniel H. Shooster

H18000286315 3

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LIGHTHOUSE POINT FL 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 SECOND DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIGHTHOUSE POINT FL LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2018.

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

7010750 8300

SR# 20186936223

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

MSR

Authentication: 203531376

Date: 10-02-18