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SECRETARY OF STATE DIVISIBLATE CORPORATIONS



## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations							
SHRII	Southern Marinas, LLC							
30 <b>D</b> 31	<u></u>	Name of Lin	nited Liability C	ompany				
The er Existe:	nclosed "Application by Foreign Limited Lia ence, and check are submitted to register the	bility Compan above referenc	y for Authorizat ed foreign limite	ion to Tra ed liability	nsact Business in Florida," ( company to transact busine	Certificate of ess in Florida.		
Please	e return all correspondence concerning this n	natter to the fol	lowing:					
	Scot Braun							
		Nam	e of Person					
	Southern Marinas, LLC							
		Firm/Company						
	12214 Choto Marina Way							
	Address							
	Knoxville, Tennessee 37922							
		City/State	e and Zip Code					
	sbraun@southernmarinas.com							
	E-mail address	: (to be used fo	or future annual	report not	ification)			
For fu	urther information concerning this matter, ple	ease call:						
	Scot Braun		865 at (	851-138	81			
	Name of Contact Person		Area Code	Day	time Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
Enclos	osed is a check for the following amount:  □ \$125.00 Filing Fee □ \$130.00 Fil  Certificate of		□ \$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Ce of Status & Certified Cop			

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUNINESS IN THE STATE OF FLORIDA:

State of Delaware, USA	adopted for the purpose of transacting business of foreign limited liability company is organized)  (Date first transacted business in Florida, if print (See sections 605 0904 & 605 0905, F.S. to do y	3. For to registration.)	83-1631921 (Fel mu	nability Company," "L L.C." or "	<u>ш</u> .с.т
Not Yet  12214 Choto Marina Way (Street Address of Prince	(Date first transacted business in Florida, if pri (See sections 605 1904 & 605 0905, F.S. to do	or to registration.)	(FEI nu	nber, if applicable)	_
Not Yet  12214 Choto Marina Way  (Street Address of Prince	(Date first transacted business in Florida, if pri (See sections 605 1904 & 605 0905, F.S. to do	etermine penalty li		nber, if applicable)	<del></del>
12214 Choto Marina Way (Street Address of Princ	(See sections 605 19914 & 605 0905; F.S. to do	etermine penalty li	ability)	<del></del>	
12214 Choto Marina Way (Street Address of Princ	(See sections 605 19914 & 605 0905; F.S. to do	etermine penalty li	ability)	<del></del>	
(Street Address of Princ	y ipal Office)	,			
(Street Address of Princ	ipal Office)	- 15	12214 Choto Marina Way	Ý	
Knoxville, TN 37922				ldress)	_
		_ _	Knoxville, TN 37922	<del></del>	
		-			
Name and street address of	of Florida registered agent: (P.O.	Box <u>NOT</u> ac	ceptable)	Z V	
Name:	Mitchell Jones			<b>≪</b> <	,
ivame:				Ċ	
Office Address: 7	153 Winding Bay Ln			-T	ם א
1	West Palm Beach		Florida 33412		- л {
_	(City)		, Florida <u>33412</u> (Zip co	ode)	
	f my position as registered agent.		nplete performance of m	ct in this capacity. I fu y duties, and I am fam	the pl orther oiliar w
_	Mileleld	M-	nplete performance of m	et in this capacity. I fuy duties, and I am fam	irther
The name title or canaci	(Registered a)	nent's signature)	nplete performance of m	y duties, and I am fam	irther
The name, title or capacit	Mileleld	no has/have a	nplete performance of m	y duties, and I am fam	irther iliar w
Title or Capacity:	(Registered a)	no has/have a	nplete performance of my	y duties, and I am fam	irther iliar w
	(Registered a) ty and address of the person(s) when Name and Address:	no has/have a	nplete performance of my	y duties, and I am fam	irther iliar w
Title or Capacity:	ty and address of the person(s) when Name and Address:  Scot Brean	no has/have a	nplete performance of my	y duties, and I am fam	irther iliar w
Title or Capacity:	ty and address of the person(s) when Name and Address:  Scot Brean	no has/have a	nplete performance of my	y duties, and I am fam	irther iliar w
Title or Capacity:	ty and address of the person(s) when Name and Address:  Scot Brean	no has/have a	nplete performance of my	y duties, and I am fam	irther iliar w

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SOUTHERN MARINAS, 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 FIFTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHERN MARINAS, LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2018.

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



Authentication: 203839752

Date: 11-05-18