M19000001379

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
HHeW19-11871									

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SECRETARY OF STATE
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O SIMMONS FEB 08 2019



February 6, 2019

FLORIDA FILING & SEARCH SERVICES INC

SUBJECT: SHM 77, LLC

Ref. Number: W19000011871

We have received your document for SHM 77, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return 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.

Octavia L Simmons Regulatory Specialist III

Letter Number: 619A00002581

pease keep original file thank you!

www.sunbiz.org

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/5/19

NAME: SHM 77, LLC

TYPE OF FILING: APPLICATION

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:		SH	М 7 7,	LLC				
		Name of	Limit	ed Liability C	Company	· · · · · · · · · · · · · · · · · · ·		
						unsact Business in Florida," Certy y company to transact business i		
Please return all corre	espondence	concerning this matter to the	follo	wing:				
			John	Ray				
_			lame o	of Person	-	_		
		Safe H	arbor l	Marinas, LLC	2			
	Firm/Company							
	14785 Preston Rd., Suite 975							
Address								
		Dal	las, Te	exas 75254				
<u> </u>	City/State and Zip Code							
		jray@)shma	rinas.com				
		E-mail address: (to be use	d for i	future annual	report not	tification)		
For further information	on concernir	g this matter, please call:						
	Antonia I	opes. Paralegal	at (619	1	699-2413		
	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				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for □ \$125.00 I		eing amount: ☐ \$130.00 Filing Fee & Certificate of Status		\$155.00 Filin rtified Copy	g Fee &	☐ \$160.00 Filing Fee, Certified Copy	cate	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY

COMPANYTO TRANSACT BL	ISINESS IN THE STATE OF FLORIDA:			
1. (Name of Foreign	SHM 77 Limited Elability Company; must include "Limi	ted Liability Con	npany," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate n	aine adopted for the purpose of transacting business in F	lorida. The alternati	e name must include "Limited Liab	nility Company," "L.L.C." or "LL.C.")
2.	Delaware	3.		
(Jurisdiction under the law of w	nich föreign limited liability company is organized)		(FEI numb	er, if applicable)
4	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.)		
- 1/1785 Proct	on Rd., Suite 975		14785 Preston R	d. Suitates
5. (Street Address of F		6	(Mailing Addi	in the second
Dallas, T	Texas 75254		Dallas, Texa	
 				कुं के जा
-		V.O.T.		THE E
/. Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acce _l	otable)	بي ليان
Name:	C T Corporation System		_	18 TO
Office Address:	1200 South Pine Island Road		<u> </u>	
	Plantation		, Florida <u>33324</u>	•
	(City)		(Zip code	e)
•	By: The Section of the Section of the Section System Section Section System Section		Zahner, Assistant	Secretary
	0			
8. The name, title or capa Title or Capacity:	icity and address of the person(s) who l Name and Address:		ority to manage is/are: or Capacity:	Name and Address:
Member	Safe Harbor Marinas, LLC	;		
	14785 Preston Rd., Suite 9	75		
	Dallas, Texas 75254	_		
CFO of Member	Cavia McClintooli			
	Gavin McClintock c/o Safe Harbor Marinas, L	LC -		
	c/o Safe Harbor Marinas, L 14785 Preston Rd., Suite 97 Dallas, TX, 75254	<u> 15</u>		
(Use attachments if neces				
	of existence, no more than 90 days old of which it is organized. (If the certifical abmitted)			
	uted in accordance with section 605.026 the Department of State constitutes a t			
	Joh KM Q			
	Signatu	are of an authorized	person	

John Ray, General Counsel of Safe Harbor Marinas, LLC, sole Member

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SHM 77, 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 FOURTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHM 77, LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2019.

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

Authentication: 202195153

Date: 02-04-19