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TILED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 699559 7100061

AUTHORIZATION : Spell

COST LIMIT : \$\sqrt{160.00}

ORDER DATE: March 26, 2019

ORDER TIME : 9:47 AM

ORDER NO. : 699559-010

CUSTOMER NO: 7100061

<u>FOREIGN FILINGS</u>

NAME: DISCOVERY WEST PALM

DEVELOPMENT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

	legistration Section Division of Corporation	ns				
SUBJECT		T PALM DEVELOPMENT		_		
		Name of	Limited Liability (Company		
The enclos Existence,	sed "Application by For and check are submitte	reign Limited Liability Comp ed to register the above refer	enced for Authoriza	tion to Tra ted liability	ansact Business in Florida," y company to transact busir	Certificate of less in Florida.
Please retu	irn all correspondence of	concerning this matter to the	following:			
	Irene Schulte					
		N	ame of Person			
	Meltzer Purtill	& Stelle LLC				
		Fi	irm/Company			
	1515 E. Woodf	ield Road, Suite 250				
			Address	•	<u> </u>	
	Schaumburg, II	L 60173				
		City/S	tate and Zip Code			
	ischulte@mpslav	v.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For further	r information concernin	g this matter, please call:				
I	rene Schulte		847 at (330-606		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
D R P.	MAILING ADDRESS: division of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Division of Registratic Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding icutive Center Circle ee, FL 32301	
	s a check for the follow I \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The alternate name mus	it include "Limited Li	ability Company," "L.L.C," or "LLC,")
DELAWARE		3. APPLIED		_
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI nun	nber, if applicable)
I ,	_			
 -	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) nine penalty liability)		
27599 Riverview Cent		6. Same		
(Street Address of Bonita Springs, FL 34	·		(Mailing Ad	dreu)
Domini Opinigo, 1 D 3	<u></u>		· · · · · · · · · · · · · · · · · · ·	
				
Name and street address	ss of Florida registered agent: (P.O. Bo:	× NOT accentable)		2
	Corporation Service Company	. <u>1-0-1-</u> 2000-pi4010)		
Name:	Corporation Service Company			جِي بُرْجَ
Office Address:	1201 Hays Street			유
	Tallahassee	Flo	rida <u>32301</u>	<u> 5. – </u>
laving been named as re lesignated in this applica o comply with the provisi	(City) Itance: Registered agent and to accept service of ition, I hereby accept the appointment of ions of all statutes relative to the proper s of my position as registered agent.	process for the abov as registered agent a r and complete perfo	(Zip co re stated limited nd agree to acc ormance of my	d liability company at the place t in this capacity. I further agre
tesignated in this applica o comply with the provisi and accept the obligation	stance: egistered agent and to accept service of etion, I hereby accept the appointment of ions of all statutes relative to the propel s of my position as registered agent. (Regisered agent's	process for the above as registered agent a re and complete perfo Emily signature ASSI. Vice	e stated limited agree to accommunice of my Croft	d liability company at the place t in this capacity. I further agre
Having been named as re designated in this applica o comply with the provisi and accept the obligation	stance: egistered agent and to accept service of stion, I hereby accept the appointment of ions of all statutes relative to the propel s of my position as registered agent.	process for the above as registered agent a re and complete perfo Emily signature ASSI. Vice	czip co ne stated limited nd agree to acc ormance of my Croft President nanage is/are:	d liability company at the place t in this capacity. I further agre
Having been named as re designated in this applica o comply with the provisi and accept the obligation 8. The name, title or capa	estance: egistered agent and to accept service of etion, I hereby accept the appointment of ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who h Name and Address: Winslow Manager LLC	process for the above as registered agent a rand complete performily assignated ASSI. VICE as/have authority to a Title or Capa. Manager	czip co ne stated limited nd agree to acc ormance of my Croft President nanage is/are:	d liability company at the place t in this capacity. I further agre duties, and I am familiar with
Having been named as refessionated in this applicate occupily with the provisional accept the obligation. 8. The name, title or capa Title or Capacity:	egistered agent and to accept service of accept the appointment of ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's accity and address of the person(s) who have and Address:	process for the above as registered agent a rand complete performily assignated ASSI. VICE as/have authority to a Title or Capa. Manager	czip co ne stated limited nd agree to acc ormance of my Croft President nanage is/are:	d liability company at the place t in this capacity. I further agre duties, and I am familiar with
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Having been named as refesignated in this applicate ocomply with the provisional accept the obligation. The name, title or capa Title or Capacity: Manager	egistered agent and to accept service of accept service of accept the appointment of ions of all statutes relative to the proper s of my position as registered agent. (Registered agent accept the appointment of the proper accept to the proper accept the proper ac	process for the above as registered agent a rand complete performily signature ASSI. VICE as/have authority to a Manager	czip co ne stated limited nd agree to acc ormance of my Croft President nanage is/are:	d liability company at the place to in this capacity. I further agreed duties, and I am familiar with Name and Address: Richard Hutchinson 27599 Riverview Center #2
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Having been named as refessionated in this applicate of comply with the provisional accept the obligation. 8. The name, title or capa Title or Capacity: Manager Manager (Use attachments if neces). Attached is a certificate	egistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the proper is of my position as registered agent. (Registered agent.	process for the above as registered agent a rand complete performily signature ASSI. VICE as/have authority to a Title or Capa Manager	re stated limited agree to accommance of my Croft President manage is/are: eitv:	Name and Address: Richard Hutchinson 27599 Riverview Center #2 Bonita Springs, FL 34134

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "DISCOVERY WEST PALM DEVELOPMENT 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 TWENTY-SIXTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DISCOVERY WEST PALM DEVELOPMENT LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH,

A.D. 2019.

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

Authentication: 202521650

Date: 03-26-19