

M190 0000 3839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

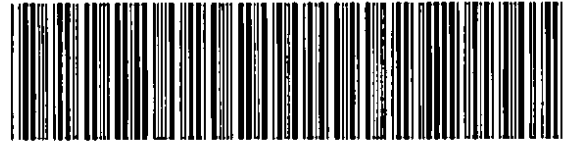
(Document Number)

Certified Copies _____ Certificates of Status _____

Received 4-15-19

Special Instructions to Filing Officer:

Office Use Only



700325099557

03/22/19--01027--013 ++130.00

2019 APR 15 PM 3:06
TALLAHASSEE, FLORIDA

FILED

*JHS
4-16-19*



THOMPSON THRIFT

Thompson Thrift Development Inc.
901 Wabash Avenue, Suite 300
Terre Haute, IN 47807

TEL 812.235.5959
FAX 812.235.8122

www.thompsonthrift.com

February 21, 2019

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
Florida Corporation Commission
Corporation Filings Section
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Watermark at Naples FL, LLC – Application for Registration

To Whom it May Concern:

Enclosed with this correspondence, please find the Cover Letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida to be filed with the Florida Department of State. Also enclosed is a check in the sum of One Hundred Thirty Dollars (\$130.00) to cover the filing fee thereof. Please file the Application and return a copy of the same to my attention at trobertson@thompsonthrift.com.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Tami L. Robertson
Real Estate Legal Administrator

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Watermark at Naples FL, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tami Robertson
Name of Person

Thompson Thrift Development, Inc.
Firm/Company

901 Wabash Avenue, Suite 300
Address

Terre Haute, IN 47807
City/State and Zip Code

trobertson@thompsonthrift.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tami Robertson 812 242-1163
Name of Contact Person at () Area Code Daytime 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 the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Watermark at Naples FL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 901 Wabash Avenue, Suite 300 6. _____
(Street Address of Principal Office) (Mailing Address)

Terre Haute, IN 47807

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

2018 APR 15 PM 3:08
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

FILED

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.

Lyrin Cannelongo
(Registered agent's signature)

Lyrin Cannelongo, Assistant VP

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Paul M. Thrift
☐ Member Address: 901 Wabash Avenue, Suite 300
☐ Authorized Terre Haute, IN 47807
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

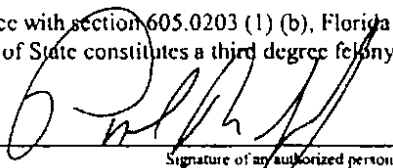
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 of an authorized person

Paul M. Thrift, Manager

Typed or printed name of signer

FILED
2010 APR 15 PM 3:08
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WATERMARK AT NAPLES 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 ELEVENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WATERMARK AT NAPLES FL, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2018.

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



6953212 8300

SR# 20191884198

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202414919

Date: 03-11-19