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19 MAY 24 AM ID: 47
DEP AND MEDICAL OF CIATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDAS

B KINSEY MAY 2 8 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 778851 718

AUTHORIZATION : Spulle le ma

COST LIMIT : \$128.00

ORDER DATE: May 23, 2019

ORDER TIME : 2:31 PM

ORDER NO. : 778851-005

CUSTOMER NO: 7181999

FOREIGN FILINGS

NAME: SOUTH BEACH RESORT DEVELOP

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	South Beach Resort Devel	op LLC				
30036		Name o	of Limited Liability	Company	" ·	
The end Existen	losed "Application by Foreign Lice, and check are submitted to re-	imited Liability Cor gister the above refe	mpany for Authoriz erenced foreign lim	ation to Fransact Business in Fic ited liability company to transact	orida," Certificate of t business in Florida.	
Please r	eturn all correspondence concern	ing this matter to th	ne following:			
			Name of Person			
			Firm/Company		-	
Firm/Company Address City/State and Zip Code						
Address						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
			at (1	onsa RAN 24	
	Name of Conta	ct Person	Area Code	Daytime Telephone Num	ber 3	
	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	ည် သ ယ	
	Enclosed is a check for the follow Please make check payable to: F \$125.00 Filing Fee	wing amount: LORIDA DEPAR \$130.00 Filing Fee Certificate of St	& 🗆 \$155.00	TE Filing Fee & S160.00 F	iling Fee, Certificate & 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:

mane distribute, enter interrige;	name adopted for the purpose of transacting business in Flo	ida. The alternate name must i	nclude "Limited Liability Company	"""L.L C," or "LLC."		
Delaware		84-1818602 3.				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI mumber, if applicable)				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	egistration.) ie penalty liability)				
1437 Collins Avenue			s Avenue			
(Street Address of	Principal Office)	6	(Mailing Address)			
Miami Beach, FL 33	1139	Miami Beaci	h, FL 33139			
				35.50		
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acceptable)		13.55 21.		
Name:	Corporation Service Company			::		
Office Address:	1201 Hays Street			<u></u>		
	Tallahassee	. Florid	32301			
	(City)	,	(Zip code)			

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.

Roxanne Turner
Asst. Vice President

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: Title or Capacity: Name and Address: South Beach Resort Development Manager Manager Manager Name: _____ 1437 Collins Avenue Member ☐ Member Address: _____ Miami Beach, FL 33139 Authorized Authorized Person Person Other_ Other____ Other___ Other_____ Manager Manager Name: ■ Member Address: ____ Member Address: Authorized Authorized Person Person Other____ Other Other_ Other___ Manager Name: _____ Manager Name: Address: ____ ☐ Member Address: ☐ Authorized Authorized Person Person Other____ □Other_ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Suzrature of an audionized person South Beach Resort Development LLC; by So. Beach Hotel LLC; by Louis Taic

Typed or printed name of signer



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

DELAWARE, DO HEREBY CERTIFY "SOUTH BEACH RESORT DEVELOP 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-THIRD DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTH BEACH RESORT DEVELOP LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2019.

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



Authentication: 202889509

Date: 05-23-19

7344859 8300 SR# 20194462311