

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CARVER DARDEN
Account Number : 120070000116
Phone : (850)266-2300
Fax Number : (850)266-2301

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: blandy@stirlingprop.com

**Foreign Limited Liability Company
Santa Rosa Investors, L.L.C.**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. Santa Rosa Investors, L.L.C.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

Santa Rosa Investors of Florida, L.L.C.

(If name unavailable, enter alternate name accepted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Louisiana
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2128974
(FBI number, if applicable)

4. August 20, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 109 Northpark Boulevard, Suite 300
(Street Address of Principal Office)

6. 109 Northpark Boulevard, Suite 300
(Mailing Address)

Covington, LA 70433

Covington, LA 70433

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

Name: Carver Darden

Office Address: 801 W. Romana Street, Suite A

Pensacola, Florida 32502
(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.

(Registered agent's signature)
Matthew C. Hoffman

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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: G. Townsend Underhill, IV
☐ Member Address: _____
☐ Authorized 109 Northpark Boulevard, Suite 300
 Person Covington, LA 70433
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: Martin A. Mayer
☐ Member Address: _____
☐ Authorized 109 Northpark Boulevard, Suite 300
 Person Covington, LA 70433
☐ Other _____ ☐ Other _____

☒ Manager Name: Grady K. Brame
☐ Member Address: _____
☐ Authorized 109 Northpark Boulevard, Suite 300
 Person Covington, LA 70433
☐ Other _____ ☐ Other _____

☒ Manager Name: Donna F. Smith
☐ Member Address: _____
☐ Authorized 109 Northpark Boulevard, Suite 300
 Person Covington, LA 70433
☐ Other _____ ☐ Other _____

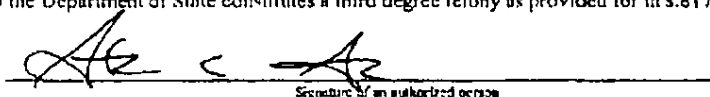
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

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

Important Notice: Use as 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.

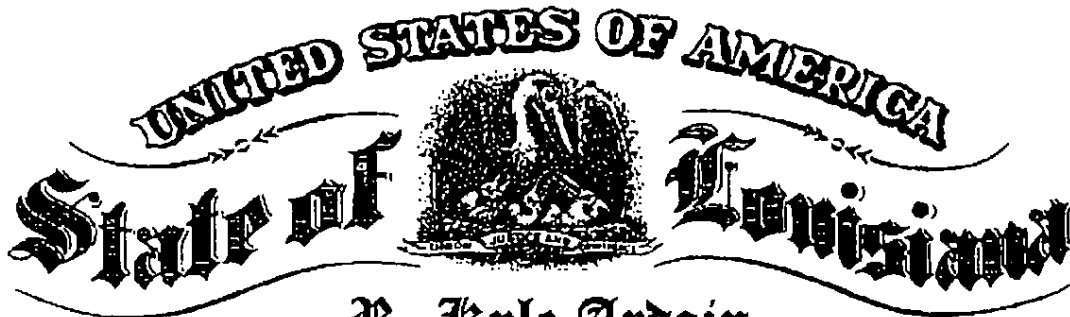

 Signature of an authorized person

Steven C. Serio

Typed or printed name of signer

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R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

a copy of the Articles of Organization and Initial Report of

SANTA ROSA INVESTORS, L.L.C.

Domiciled at COVINGTON, LOUISIANA,

Was filed and recorded in this Office on June 17, 2019,

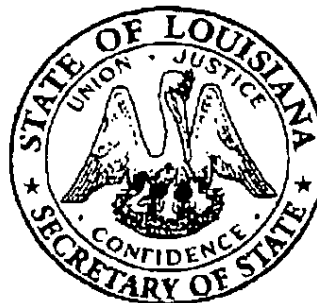
And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 17, 2019

Secretary of State

WEB 43503020K



Certificate ID: 11088564#VXM73

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

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