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COVER LETTER

TO: Registration Section

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SUBJECT:		Name of Limi	ted Liability (Company	
		agn Limited Liability Company	for Authoriza	ution to Transact Business in Florida. ted liability company to transact bus	
Please return	all correspondence co	oncerning this matter to the follo	owing:		
	Paul L. Gunn			<u>-1</u>	20
		Name	of Person	£ .	19 Al
	Watkins & Eage	r PLLC		All A SEE FLOATUR	2019 AUG 20
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	400 East Capitol	Street		, FLC	D PH 4: 13
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	Jackson, MS 392	201		~	•
		City/State	and Zip Code		_
	bford@watkinsea	_			
		E-mail address: (to be used for	future annual	report notification)	
For further is	nformation concerning	this matter, please call:			
Pau	ul L. Gunn		601	965-1810 _)	
	Name of	Contact Person	Area Code	Daytime Telephone Number	
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	closed is a check for th ase make check payab	le t <u>o:</u> FLORIDA DEPARTME	NT OF STA	TE	
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		Filing Fee & S160.00 Filing fied Copy of Status & Co	g Fee, Certificate artified 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:

Annual convolibility, enter alternate name adopted for the perpose of transacting business in Florida. The alternate name must lackade "Limited Liability Company," LLC. or "LC." Mississippi (Pet number, of applicable) (Due first transacted business in Florida if prior to registration) (See sections 603,0901 & 605,0903, F.S. to determine penalty fashibity) 361 Township Avenue, Suite 200 (Steet Address of Francipal Office) Ridgeland, Mississippi 39157 Part of the description of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. 115 North Calhoun Street, Suite 4 Office Address: Tallahassee (City) (City) (City) (City code) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the placestique accept the appointment as registered agent and agree to act in this capacity. I further age comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ad accept the obligations of my position as registered agent.		Limited Liability Company; must include "Limit	ted Liability Company," "L.L.C.," or "L.L.C.")	
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(Registered agent's signature)

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: Name: Clinton G. Herring, Jr. Manager ■ Manager Name: _____ Address: _ ☐ Member Address: ______ Suite 200 Authorized Authorized Ridgeland, MS 39157 Person Person Other Other_____ Other_ Other Manager Manager ■ Member Address: _____ ☐ Member Authorized ■ Authorized Person Person Other____ Other Other_ Manager Name: _____ Manager Name: ___ Member 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. Clinton G. Herring, Jr., Authorized Party

Typed or printed name of signee



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State

Jackson, Mississippi

Certificate of Good Standing

I. C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

MELBOURNE BABCOCK CLUB 24, LLC

Registered the 8th day of July, 2019

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

Suite 200, 361 Township Avenue Ridgeland, MS 39157

And that the registered agent at that address is:

Clinton G. Herring Jr

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 19th day of August, 2019

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN19070396

Verify this certificate online at http://corp.sos.nis.gov/corpconv/verifycertificate.aspx