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(Re	equestor's Name)	
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SECONDANCE OF STATE



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

> TEL 812.235.5959 FAX 812.235.8122

www.thompsonthrift.com

November 12, 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 PCB 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 Twenty Five Dollars (\$125.00) 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**

	egistration Section vision of Corporations						
SUBJECT	Watermark at PCB Fi	., LLC				_	
Jobblei	•	Name of Limi	ted Liability (	Company		-	
The enclose Existence, a	ed "Application by Fore and check are submitted	ign Limited Liability Company to register the above reference	for Authoriza d foreign limit	tion to Transact ed liability com	Business in Florida, pany to transact busi	" Certi ness in	ficate of Florida.
Please retur	m all correspondence co	ncerning this matter to the follo	owing:				
	Tami Robertson					_	
	<del></del>	Name	of Person		- TAL	2019	
	Thompson Thrift	Development, Inc.			LAH)	7019 HOV	
		Firm/	Company	-	SSI	$\overline{\omega}$	
	901 Wabash Ave	mue, Suite 300				<u>P</u>	m
		A	idress		STATE	ယ္	
	Terre Haute, IN	47807			10 A	9	
	-	City/State	and Zip Code	<u> </u>		_	
	trobertson@thomp	sonthrift.com					
		E-mail address: (to be used for	future annual	report notificat	ion)		
For further	information concerning	this matter, please call:					
Ta	ami Robertson	a	812	242-1163			
_	Name of	Contact Person	Area Code	Daytime	Telephone Number	<del></del>	
Di Re P.	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations ection ng re Center Circle		
Er Pl	nclosed is a check for the	e following amount: e to: FLORIDA DEPARTMI	ENT OF STA	TE			
_	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & led Copy	S160.00 Filing of Status & Co		

### 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:

	Limited Liability Company, must include "Limite	d Liability Company," "	I. I. C.," or "I.I.C.")			
				TAG.	201	
If name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	rida. The alternate name mar	st include "Limited List	ныў Сопрану,	<b>2</b> 2.c.	<del>م تبد</del> ر:
Delaware		3		AHAT.	NOV I	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI mamb	er, U applicable	) က	1
				س ج	24	
J	75				بب	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.)		DRIC	3: 09	
901 Wabash Avenue, S	Suite 300			A	Φ	
Street Address of i	Principal Office)	6	(Mailing Addi	ress)		
T U IN' 4790'	7					
Terre Haute, IN 47807	<u> </u>					
				<u> </u>		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)				
7. Name and street addre:	ss of Florida registered agent: (P.O. Box	NOT acceptable)				
	ss of Florida registered agent: (P.O. Box  Corporation Service Company	NOT acceptable)				
7. Name and street addres  Name:		NOT acceptable)				
Name:		NOT acceptable)				
	Corporation Service Company	NOT acceptable)				
Name:	Corporation Service Company		32301 orida			

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.

Corporation Service Company

Ly: f. M. N. Cellough

Chaptered agent's signature)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Paul M. Thrift Manager Name: Name: \_\_\_\_ 901 Wabash Avenue, Suite 300 Member ☐ Member Address: Terre Haute, IN 47807 Authorized ☐ Authorized Person Person Other Other Other Manager Name: Member Member Address: \_ Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_ Other\_ Other\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ Member Address: Member 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 605.0202 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a faired 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 signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WATERMARK AT PCB 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 SIXTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WATERMARK AT PCB FL, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2019.

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



7670881 8300 SR# 20197953595 Authentication: 203950838

Date: 11-06-19