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NAME: SM FISH TALE TRS, LLC

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COVER LETTER

TO:	Registration Section Division of Corporation	ıs				
SUBJE	SM Fish Tale TRS,					
		Name of	Limited Liability (Company		
		eign Limited Liability Comp d to register the above refer				
Please r	eturn all correspondence o	oncerning this matter to the	following:			
	Leila Fogg					
		N	ame of Person			
	Intertrust Corpo	orate Services Delaware Ltd	,			
		Fi	irm/Company			
	200 Bellevue P	arkway, Suite 210				
	 -		Address			
	Wilmington, D	E 19809				
	 	City/S	tate and Zip Code			
	intertrustus@inte	rtrustgroup.com				
		E-mail address: (to be used	d for future annual	report notification)	
For furt	her information concerning	g this matter, please call:				5167
	Leila Fogg		302 at (746-1513		()
	Name o	f Contact Person	Area Code	Daytime Tel	ephone Number	0
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDR Division of Corpo Registration Secti Clifton Building 2661 Executive C Tallahassee, FL 3	orations on enter Circle	:: 0: (a)
Enclose	d is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Bigsire\$ \$\\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy		0.00 Filing Fee, Ce us & Certified Cop	

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:

Delaware (Junsdiction under the law of 610 Broadway, 6th F (Street Address o		rmated liability company is organized)	_	3	(FEI	number, if applicable	
(Jurisdiction under the law of			-		(FEI	har if applicable	
610 Broadway, 6th F	(Date fi (See se					introes, it appricants	:)
610 Broadway, 6th F	(Date f (See se						
610 Broadway, 6th F		first transacted business in Florida, if pro- ections 605 0904 & 605 0905, F.S. to de-	or to registrate termine penal	ion.) Ity liability)			
(Street Address o	Поог		e	610 E	Broadway, 6th Floo)r	
	of Principal Offic	x)	_		(Mailing	Address)	
New York, NY 10012				New	York, NY 10012		
	cn. ·						
Name and street addre		ida registered agent: (P.O. E		_accepta	able)		
Name:	Florida	Filing & Search Services In	1C		-		
Office Address:	. 155 Off	fice Plaza Dr., Suite A					
	Tallaha						
	- anana				, Florida 32301		
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Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SM FISH TALE TRS, 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 TENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SM FISH TALE TRS, LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2019.

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

98:56 at 01 Jags107



Authentication: 204176317

Date: 12-10-19

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