(((H200000387843)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,

Account Mumber : 076424003301 Phone : (813)223-7474
Fax Number : (813)227-0435

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

Email Address: tgood@trenam.com

Foreign Limited Liability Company METRO LAGOONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2/372020 201136/DMO

Electronic Filing Menu Corporate Filing Menu

Help

T GLASS

FEB 0 4 2020

P.A.

(((H20000038784 3)))

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

frame wavellable, enter alternate nam	e adopted for the purpose of transacting business in Florida	The alte	rriste name riner include "Limited Liability Com	ipeny," "L.1. C," or "LLC
Delaware	n foreign hmized liability company is organized)	33	84-4556048 (FEI mumber, if epplie	ahla)
January 23, 2020	,		(<u> </u>	
	(Date first transacted business in Fronds, it prior to regist (See sections 601 0904 & 605 0905, F.S. to determine per	ration.) raity int	bility)	
2502 N. Rocky Point Dri		6	502 N. Rocky Point Drive, Suite 10	050
Tampa, Florida 33607		Ta	ampa, Florida 33607	
				202
Name and street address	of Florida registered agent: (P.O. Box <u>NC</u>	<u>)T</u> acc	ceptable)	202) FEB -
Name:	FK Registered Agent, Inc.			ت <u>ت</u>
Office Address:	01 E. Kennedy Boulevard, Suite 2700		·	91:0139
	Tampa		33602 , Florida	O,

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

(((H20000038784 3)))

For initial indexing purposes,	list names, title or capacity	and addresses of the primar	y members/managers or	persons authorized to
manage [up to six (6) total]:				

itle or Capacity:	Name and Address:	Title or Capacit	Σ.	Name and Address:
Manager	Name: John M. Ryan		Name:	
Member	Address: 2502 N. Rocky Point Dr.	Member	Address:	
Authorized	Suite 1050	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Person	Tampa, FL 33607	Person	*	
Other	Other	Other		□Other
Manager	Name:	□Manager	Name:	
Member	Address:		Address:	
Authorized	1010-0000	_		
Person		Person		2020 F
Other	□ Other	□Other		
				ယ်
Manager	Name:	□Manager	Name:	<u> </u>
Member	Address:		Address:	
Authorized		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Person		Person		
	□Other	□Other		□Other

	Signature of an authorized person	
John M. Ryan, Manager		
	Typed or printed tame of signer	

(((H20000038784 3)))

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "METRO LAGOONS, 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 THIRD DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "METRO LAGOONS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2020.

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

2020 F1:5 -3 KH 10: 16

7814579 8300 SR# 20200764159

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202311516

Date: 02-03-20