

1/30/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
SENTOSA RIVERVIEW OWNER, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

2020 JAN 30 AM 10:18

2020 JAN 30 PM 12:51  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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FEB 04 2021

T. LEMIEUX

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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. SENTOSA RIVERVIEW OWNER, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FBI number, if applicable)

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

5. One Town Center Road
Suite 600
Boca Raton, FL 33486
(Street Address of Principal Office)

6. One Town Center Road
Suite 600
Boca Raton, FL 33486
(Mailing Address)

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

Name: Cora DiFiore
One Town Center Road
Office Address: Suite 600
Boca Raton, Florida 33486
(City) (Zip code)

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2020 JAN 30 PM 5:51
TALLAHASSEE, FLORIDA

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.

X [Signature]
(Registered agent's signature)

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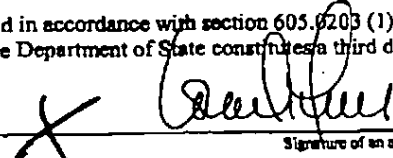
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                             | <u>Name and Address:</u>                        | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>             |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Manager                      | Name: <u>Cora DiFiore</u>                       | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member                       | Address: <u>One Town Center Road</u>            | <input type="checkbox"/> Member            | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized Person | <u>Suite 600</u><br><u>Boca Raton, FL 33486</u> | <input type="checkbox"/> Authorized Person | _____<br>_____                       |
| <input type="checkbox"/> Other _____                  | <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager                      | Name: _____                                     | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member                       | Address: _____                                  | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person            | _____<br>_____                                  | <input type="checkbox"/> Authorized Person | _____<br>_____                       |
| <input type="checkbox"/> Other _____                  | <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager                      | Name: _____                                     | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member                       | Address: _____                                  | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person            | _____<br>_____                                  | <input type="checkbox"/> Authorized Person | _____<br>_____                       |
| <input type="checkbox"/> Other _____                  | <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |

**Important Notice:** Use an 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  
 Cora DiFiore  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SENTOSA RIVERVIEW OWNER, 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 THIRTIETH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SENTOSA RIVERVIEW OWNER, LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D. 2020.

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



Authentication: 202289237

Date: 01-30-20

7787757 8300

SR# 20200665348

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)