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DATE:

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NAME:

SOUTHERN MARINAS HIDDEN HARBOUR LLC

TYPE OF FILING: APPLICATION

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125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUŁ

COVER LETTER

TO:		istration Section sion of Corporation	ıs				
SUBJEC	CT:	Southern Marinas F	Iidden Harbour LLC				
00000	J.,		Name of I	Limited Liability (Company		
The encl Existenc	losed e, an	"Application by Ford check are submitted	eign Limited Liability Comp d to register the above refere	any for Authoriza	ition to Tra ted liability	nsact Business in Florida," company to transact busir	Certificate of ness in Florida.
Please re	eturn	all correspondence c	oncerning this matter to the	following:			
		Leila Fogg					
			Na	ime of Person			
		Intertrust Corpo	orate Services Delaware Ltd.				
			· Fli	rm/Company			
		200 Bellevue Pa	arkway, Suite 210				
	Address						
		Wilmington, DI	E 19809				
			City/St	ate and Zip Code			
		intertrustus@inte	rtrustgroup.com				
			E-mail address: (to be used	l for future annual	report noti	fication)	
For furth	ier in	formation concerning	g this matter, please call:				
	·			_ at (_)		2020 FEB
		Name o	f Contact Person	Area Code	Dayt	ime Telephone Number	
		ILING ADDRESS: sion of Corporations				ADDRESS: of Corporations	ς 2
	Regi	stration Section			Registrati	on Section	P :
		Box 6327 ahassee, FL 32314				uilding cutive Center Circle ce, FL 32301	က အ
		check for the following fee	ng amount: \$\Boxed{\Boxesia} \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & 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:

(it manie minivamanie, emerancimate	name adopted for the purpose of transacting business in Flo	oids. The alternate name must include "Limited	Liability Commany," "L.L.C." or "LLC.")
2. Delaware	name adopted for the purpose of transacting oddiness in the	_	beauty company, amo, or allow,
2. (Jurisdiction under the law of s	which foreign lumited liability company is organized)	3(FEI ni	umber, if applicable)
4			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ine penalty liability)	
5. 610 Broadway, 6th Fl	loor	6. 610 Broadway, 6th Floo	r
(Street Address of New York, NY 10012		New York, NY 10012	Address)
10012	<u> </u>		
-	(0.0 0.0	NOT	
7. Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Florida Filing & Search Services Inc.		
Office Address:	155 Office Plaza Dr., Suite A		
	Tallahassee	, Florida 32301 (Zip	
and accept the obligation	sions of all statutes relative to the proper us of my position as registered agent.		
	J. J. Pariment annula	singatura)	
	(Registered agent's	signature)	
8. The name, title or cap <u>Title or Capacity:</u>	pacity and address of the person(s) who he Name and Address:		:: S Name and Addréss:
	pacity and address of the person(s) who he	ns/have authority to manage is/are	
Title or Capacity:	pacity and address of the person(s) who he Name and Address:	ns/have authority to manage is/are	
Title or Capacity:	Southern Marinas Aguamarina Holdings LLC	ns/have authority to manage is/are	Name and Addréss:
Title or Capacity:	Southern Marinas Aquamarina Holdings LLC 610 Broadway, 6th Floor	ns/have authority to manage is/are	Name and Addréss:
Title or Capacity:	Southern Marinas Aguamarina Holdings LLC	ns/have authority to manage is/are	Name and Address:
Title or Capacity: Member	Southern Marinas Aquamarina Holdings LLC 610 Broadway, 6th Floor New York, NY 10012	ns/have authority to manage is/are	Name and Addréss:
Title or Capacity: Member (Use attachments if nece 9. Attached is a certificat jurisdiction under the law	Southern Marinas Aquamarina Holdings LLC 610 Broadway, 6th Floor New York, NY 10012 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificat	ns/have authority to manage is/are Title or Capacity: duly authenticated by the official	Name and Address:
Title or Capacity: Member (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be seen to the translato	Southern Marinas Aquamarina Holdings LLC 610 Broadway, 6th Floor New York, NY 10012 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificat	as/have authority to manage is/are Title or Capacity: duly authenticated by the official e is in a foreign language, a trans (1) (b), Florida Statutes. I am av	Name and Address:

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SOUTHERN MARINAS HIDDEN HARBOUR 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHERN MARINAS HIDDEN HARBOUR LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY,

A.D. 2020.

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

2020 FFR 28 PN 1:54



Authentication: 202481288

Date: 02-28-20

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