

MA2100000000970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

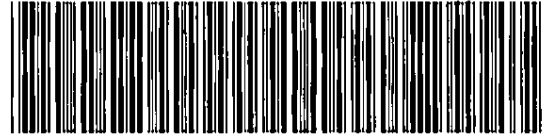
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500358816685

FILED

2021 JAN 25 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FL

410

2021 JAN 25 PM 2:05

FLORIDA

US
1/26/21 ✓

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 634369 4312639

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : January 25, 2021

ORDER TIME : 12:23 PM

ORDER NO. : 634369-010

CUSTOMER NO: 4312639

FILED
2021 JAN 25 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: COCONUT GROVE SMI LLC, COCONUT
GROVE SMI OPCO SERIES

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coconut Grove SMI LLC, Coconut Grove SMI OpCo Series

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Carol Bradshaw

Name of Person

Suntex Marinas Investors, LLC

Firm/Company

17330 Preston Road, Suite #220A

Address

Dallas, TX 75252

City/State and Zip Code

cbradshaw@suntex.com

E-mail address: (to be used for future annual report notification)

SECRET
TALLAHASSEE, FL
DEPT. OF STATE

2021 JAN 25 PM 4: 52

FILED

For further information concerning this matter, please call:

Carol Bradshaw

214

431-4040

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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. Coconut Grove SMI LLC, Coconut Grove SMI OpCo Series
(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 3. 86-1398123
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 17330 Preston Road 6. 17330 Preston Road
(Street Address of Principal Office) (Mailing Address)
Suite #220A Suite #220A
Dallas, TX 75252 Dallas, TX 75252

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

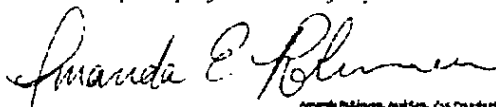
Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee 32301
(City) (Zip code)
Florida

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.

Corporation Service Company
By: _____

(Registered agent's signature)


Amanda E. Blum, Inc. President

FILED
2021 JAN 25 PM 4:52
TALLAHASSEE, FL
CLERK OF STATE

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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Bryan Redmond

☐ Member Address: 17330 Preston Road

☐ Authorized Suite #220A

Person Dallas, TX 75252

☒ Other Officer ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Richard Carter

☐ Member Address: 17330 Preston Road

☐ Authorized Suite #220A

Person Dallas, TX 75252

☒ Other Officer ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

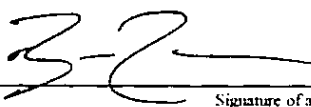
Person _____

☐ Other _____ ☐ 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

Bryan Redmond

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COCONUT GROVE SMI LLC, COCONUT GROVE SMI OPCO SERIES" 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-FIFTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "COCONUT GROVE SMI LLC, COCONUT GROVE SMI OPCO SERIES" IS A SERIES REGISTERED SERIES.

2021 JAN 25 PM 4:52
SECRETARY OF STATE
DELAWARE, FL

FILED



4611917 8300E

SR# 20210207280

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202355302

Date: 01-25-21