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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

cmail.	Address:			

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Foreign Limited Liability Company SMH HARBORAGE YC, LLC

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COVER LETTER

	Registration 5 Division of Co		s				
SUBJEC		borage YC	, LLC				
SUBIEC	· ·		Name of L	imited Liability C	ompany		
The enclo	sed "Applicat , and check ar	ion by Fore e submitte	rign Limited Liability Compa I to register the above refere	any for Authorizat need foreign limite	ion to Trar ed liability	nsact Business in Florida," Certificate of company to transact business in Florida.	
Please ret	um all corresp	oondence c	oncerning this matter to the f	following:			
	John	Ray					
			Na	me of Person			
	Safe	Harbor Ma	rinas				
	Firm/Company						
	1478	14785 Preston Rd., Suite 975					
	Address						
	Dali	las, TX 752	154				
			City/St	ate and Zip Code			
	notice	s@shmarii					
	-		E-mail address: (to be used	l for future annual	report noti	fication)	
For furth	er information	concernin	g this matter, please call.				
	John Ray		972 _at (540-651			
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tailahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle		of Corporations on Section uilding			
Enclosed	Lis a check for □ \$125.00 Fi	the follow	ing amount: \$\Boxed{\subset}\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir	ng Fee &	ee, FL 32301 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SHM Harborage YC	C, LLC	WHI C P. MIC P.		
(Name of Fore	ign Limited Liability Company, must include "Limite	ed Liability Company, LLC, or LLC,		
If name unavadable, enter altern	ate name adopted for the purpose of imassacting business in Fig.	orida. The alternate name must include "Limited Lis	bility Company," "L L C," or "LLC,")	
2 Delaware		3	ber, if applicable)	
(Jurisdiction under the law	of which (oreign limited liability company is organized)	(FEI num	ber, if applicable)	
1				
· -	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) une penalty liability)		
s 14785 Preston Rd.,	Suite 975	6. 14785 Preston Rd, Suite 9	75	
,	s of Principal Office)		iress)	
Dallas, TX 75254		Dallas, TX 75254	- <u>v.</u> 2	
7. Name and street rel	dress of Florida registered agent: (P.O. Box	x NOT acceptable)	高 R R	
7. Name and <u>street ad</u>		(<u>idos f</u> accopanas)	30 W	
Name.	Corporation Service Comapny	_ 		
Office Addres	ss. 1201 Hayes Street		THE ED 3: 11	
	Tallahassee	, Florida <u>32301</u>		
	(City)	(Ζιρ co	de)	
and accept the obligat	ovisions of all statutes relative to the propertions of my position as registered agent. By: (Segistered agent)	forwards The Commen	tion of the second	
8. The name, title or Title or Capacity	capacity and address of the person(s) who h	nas/have authority to manage is/are: Title or Capacity:	Name and Address:	
CFO	Gavin McClintock	COO	Katheryn Burchett	
<u></u>	14785 Preston Rd, Suite 975 Dallas, TX 75254		14785 Preston Rd. Suite 975 Dallas, TX 75254	
CDO	Peter Clark	Authorized Person	John Ray	
(3)(0)	14785 Preston Rd. Suite 975 Dallas, TX 75254		14785 Preston Rd., Suite 975 Dallas, TX 75254	
(Use attachments if n	ecessary)			
9. Attached is a certification under the of the translator must	leate of existence, no more than 90 days old law of which it is organized. (If the certifica- be submitted)	l, duly authenticated by the official hate is in a foreign language, a transh	naving custody of records in the ation of the certificate under oath	
10. This document is submitted in a docume	executed in accordance with section 605.026 ent to the Department of State constitutes a t	03 (1) (b). Florida Statutes. I am aw hird degree felony as provided for is	are that any false information n s.817.155, F.S.	
	Signatu	re of an authorized person		

Typed or printed name of signee

John Ray, an authorized person



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHM HARBORAGE YC, 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-THIRD DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHM HARBORAGE YC, LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2021.

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

Authentication: 203042754

Date: 04-23-21