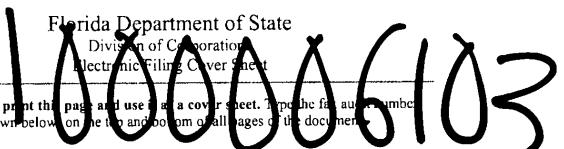
5/19/2021

Division of Corporations



(((H210002003183))



H210002003183ABCR

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

*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

Naples Beach Club Shared Facilities Owner, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

MAY 20 2021

M. SOLOMON

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Corporate Filing Menu

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1/1

From: Ranae McGraw

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS. IN FLORIDA

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate no	one adopted for the purpose of transacting business in He	enda. The alternate	rame must include "Limited Liability Co	supany," "I, L.C." or "LLC.")
Delaware		3	(f.E.) number, (f.appl	
(Jurishetion under the law of wh	ich foreign limited liabdits company is organized)		(EE) number, if appl	icable)
Upon filing				
	(Date first transacted business in Florida, if prior to 1 18ec sections 605 0901 & 605 0905, F.S. to determine	egistration) se penalty hability)	
645 Fifth Avenue, 21st	Floor	645 !	fifth Avenue, 21st Floor	
cet Address of Principal Office)			Mailingt Address)	24 B
New York, NY 10022		New	York, NY 10022	
				17 19 1888
Name and street addres	s of Florida registered agent: (P.O. Box	NOT accept	able)	PH 1:45 OF STATE C.FLORIG,
Name:	C T Corporation System		_	Ω
Office Address:	1200 South Pine Island Road		_	
	Plantation		33324 , Florida	
	(City)		(Zip code)	

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.

Ву:	C.T. Corporation System	Dav'd Westcott, Assistant Secretary
	(Registered agent's signature)	

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:	Title or Capacity	<u>1</u>	Name and	l Address:		
⊒Manager	Name: Kenneth Gerold	∐Manager	Name:	<u>.</u>			
∏Member	Address: c/o MSD Partners, L.P.	□ Member	Address:				
Authorized	645 Fifth Avenue, 21st Floor	☐ Authorized					
Person	New York, NY 10022	Person					
□Other	⊡Other	Other	 	□Other_			
□Manager	Name:	Manager	Name:				
□Member	Address:	□ Member	Address:				
□Authorized		☐ Authorized				282	
Person		Person			3-33 2-33 2-34 	HAY-	
□Other		Other		□Other_		<u> </u>	
					177 CO	₽ 	
□Manager	Name:	□Manager	Name:		3 4	2	
□Member	Address:	Member					
□Authorized		_ Authorized					
Person		Person					
□Other		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.

Mr. L		
/	Signature of an authorized person	
Kenneth Gerold		

From: Ranae McGraw



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NAPLES BEACH CLUB SHARED FACILITIES

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 NINETEENTH DAY OF MAY, A.D.

2021.

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

as core delaware gov/aust

Authentication: 203238555

Date: 05-19-21