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(((H21000231490 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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 BEACH COVE OWNER, L.L.C.

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Help

From: Ranae McGraw

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

IN COMPLANCE WITH SECTION 695.0002, PLORIDA STATUTEN THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUNNESS. IN THE STATE OF FLORIDA:

(Riname unavailable, enter alternate n	aine adopted for the purpose of manuacting business in Flori	da. The alternate mane must include "Limited Laability C	Company," "L.L.C." or "LLC.")			
Delaware 2.		applied for				
(Jurealization under the law of wh	high foreign limited liability company is pagnitized;	2) F1 mamber, it is	spsiculde)			
Upon qualification						
·	(Late this) transmeted business in Florida, it provi to re (Sea weetions 005 0004 & 605 0005, F.S. and electric	egistation.) e-penalty-linivility)				
555 Mission Street 5.		555 Mission Street	2021			
Sirvet Address of I	Panerpal Office)	(Mating Address)				
San Francisco, CA 941	05	San Francisco, CA 94105				
			PH I			
7. Name and street addres	ss of Florida registered agent: {P.O. Box	NOT acceptable)	F. 28			
Name [.]	C T Corporation System					
Office Address	1200 South Pine Island Road					
	Plantation	33324 , Flooda	_			
	Cay	(Zip code)				

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.

Ву:		ation System	Sandra Zwijack, Assistant Secretary	
	Timbor	() (Hegistere	dagent's signature)	

To: 18506176383

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:	Same and Address:	Title or Capacity:	<u>.</u>	Name and Address:
Manager	Name: WH MH Holdeo, L.L.C.	Manager	Name:	
∑Memb e r	Address:	Member	Address:	
Authorized	San Francisco, CA 94105	Authorized		
Person		Person		
Othei	Other	Uther	····	Other
☐Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized	<u></u>	
Person	the state of the s	Person		
Other	Other	Other		Dother 2
∐Manager	Name:	Manager	Name:	
∐Member	Address:	Member	Address:	
Authorized		☐ Authorized		28
Person		Person		
Other	Other	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$ 817.155, F.S.

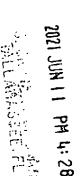
		
	Signoture of an authorized person	
Stacy M. Rosenthal		
-	Exped or printed name of signee	

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEACH COVE OWNER, L.L.C." 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 ELEVENTH DAY OF JUNE, A.D. 2021.

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



Authentication: 203424983

Date: 06-11-21