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NAME: OCEAN POINT SUNSHINE LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

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 RESIDENCE. IN THE STATE OF FLORIDA:

nume unavailable, enter alternate :	name adopted for the purpose of transacting business in Florid	a. The alternate name must	include "Limited Liability	Company," "L.L.C	C," or "LLC."
Delaware		•			
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, if applicable)		
				_	
	(Dute first transacted business in Florida, if prior to regi (See sections 605 0904 & 605,0905, F S, to determine p	stration.) senalty hability)			
230 Commerce Way		230 Commerc	e Way		
reet Address of Principal Office)		6. (Mailing Add	lress)		
Suite 200		Suite 200			
Portsmouth, NH 03801		Portsmouth, NH 03801			
Name and street address Name:	ss of Florida registered agent: (P.O. Box Note: 1885) TRAC-The Registered Agent Company	OT acceptable)			61 Jül 1208
Office Address:	236 E. 6th Avenue			- <i>i</i> :	မှု ပေ
	Tallahassee	. Florid	32303 a	ū	>
	(City)	· · · · · · · · · · · · · · · · · · ·	(Zip code)	_	
esignated in this applica comply with the provisi	tance: gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- ions of all statutes relative to the proper an s of my position as registered agent.	egistered agent and	agree to act in th	is capacity. I	l further a

(Registered agent's signature)

8. For initial indexing purposes, list names, title or espacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

Ocean Point IV Holdings LLC

	O D D D D D D D D D D D D D D D D D D D	Tigs of Capacity:		Name and Address:
Manager	Name: Ocean Point JV Holdings LLC	☐Manager	Name:	
☐Member	Address: 230 Commerce Way	□Member		
☐ Authorized	Suite 200	☐ Authorized	•	
Person	Portsmouth, NH 03801			
ClOther		Person	···	[]Other
≅ Manager	Name: Mclanie Laugisch	☐Manager	Name:	
□Member	Address: 230 Commerce Way	•		
□ Authorized	Suite 200	☐ Authorized	•	
Person	Portsmouth, NH 03801	Person		
□0th er		Other		□ Other
□ Manager	Name:	OManager	Name:	
O Member	Address:			
☐ 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 mure 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 eath 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.

Egnetime of an entherized person

Leo Xarras, a Manager of Ocean Point JV Holdings LLC

Typod or printed stems of signer

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OCEAN POINT SUNSHINE 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 FOURTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OCEAN POINT SUNSHINE LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2021.

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



Authentication: 203668933

Date: 07-14-21

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