

M210000010002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

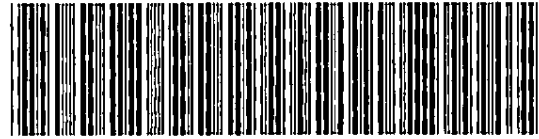
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CLERK OF STATE
TALLAHASSEE, FLORIDA

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AUG - 4 2021

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CH Eastwind Sarasota Owner LLC

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:

Patty Laine

Name of Person

c/o Eastwind Development, LLC

Firm/Company

5604 PGA Blvd., Suite 109

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

plaine@eastwinddevgroup.com

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

For further information concerning this matter, please call:

Patty Laine

561

370-6604

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. CH Eastwind Sarasota Owner LLC
(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. State of Delaware 87-1650233
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. None yet
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. Corporate Creations Network Inc. Same as street address
(Street Address of Principal Office) (Mailing Address)

3411 Silverside Road (Tatnall Building) #104

Wilmington, DE 19810

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

Name: John Weir c/o Eastwind Development, LLC

Office Address: 5604 PGA Blvd., Suite 109

Palm Beach Gardens 33418
(City) , Florida (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.


(Registered agent's signature)

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: John F. Weir	<input type="checkbox"/> Manager	Name: Steven D. Potting
<input type="checkbox"/> Member	Address: 5604 PGA Blvd., Suite 109	<input type="checkbox"/> Member	Address: 5604 PGA Blvd., Suite 109
<input type="checkbox"/> Authorized	Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Authorized	Palm Beach Gardens, FL 33418
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Stephanie Miller	<input type="checkbox"/> Manager	Name: Stephen R. Novacki
<input type="checkbox"/> Member	Address: 5604 PGA Blvd., Suite 109	<input type="checkbox"/> Member	Address: 5604 PGA Blvd., Suite 109
<input checked="" type="checkbox"/> Authorized	Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Authorized	Palm Beach Gardens, FL 33418
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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CLERK OF STATE
TALLAHASSEE, FL 32399

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.

John F. Weir
Signature of an authorized person
John F. Weir
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CH EASTWIND SARASOTA 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 THIRTIETH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH EASTWIND SARASOTA OWNER LLC" WAS FORMED ON THE THIRTIETH DAY OF JUNE, A.D. 2021.

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



6047879 8300

SR# 20212848573

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203805105

Date: 07-30-21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2021

PATTY LAINE
C/O EASTWIND DEVELOPMENT, LLC
5604 PGA BLVD., SUITE 109
PALM BEACH GARDENS, FL 33418

SUBJECT: CH EASTWIND SARASOTA OWNER LLC
Ref. Number: W21000103991

We have received your document for CH EASTWIND SARASOTA OWNER LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 521A00017072

Rec'd
7-30-21