

8/11/2021

Division of Corporations

M21000302514388

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED; P.A.  
Account Number : 072720000036  
Phone : (407)843-4600  
Fax Number : (786)901-8020  
Attn: Tami D. Passley

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

Email Address: ablake@timbersresorts.com

Foreign Limited Liability Company  
SSIR AM Investment, LLC

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

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8/11/21

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. SSIR AM Investment, 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. Delaware  
(Jurisdiction under the law in which foreign limited liability company is organized)

3. 87-2103711  
(FEI number, if applicable)

4. Upon qualification  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1031 W. Morse Blvd., Suite 350  
(Street Address of Principal Office)

6. 1031 W. Morse Blvd., Suite 350  
(Mailing Address)

Winter Park, Florida 32789

Winter Park, Florida 32789

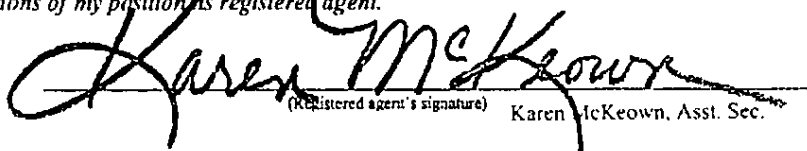
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 N. CALHOUN ST., STE. 4

TALLAHASSEE, Florida 32301  
(City) (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) Karen McKeown, Asst. Sec.

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TALLAHASSEE  
FLORIDA

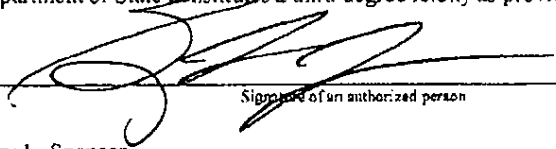
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: _____	Timbers Administrative Member Investments, LLC		<input type="checkbox"/> Manager	Name: _____	Gregory L. Spencer	
<input checked="" type="checkbox"/> Member	Address: _____	1031 W. Morse Blvd.		<input type="checkbox"/> Member	Address: _____	1031 W. Morse Blvd.	
<input type="checkbox"/> Authorized	_____	Suite 350		<input type="checkbox"/> Authorized	_____	Suite 350	
Person	_____	Winter Park, Florida 32789		Person	_____	Winter Park, Florida 32789	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> Other <u>CEO</u>		<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 _____	
<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 _____	

**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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 Gregory L. Spencer  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SSIR AM INVESTMENT, 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 TENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SSIR AM INVESTMENT, LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2021.

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



6154499 8300

SR# 20212939113

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203887209

Date: 08-10-21