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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 098504 4333422

AUTHORIZATION : Squalle man

COST LIMIT : \$125.00

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ORDER DATE : October 11, 2021

ORDER TIME : 3:06 PM

ORDER NO. : 098504-005

CUSTOMER NO: 4333422

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: FLORIDA SURF RESERVE LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE				
	Name of Limited Liability Company			
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica, and check are submitted to register the above referenced foreign limited liability company to transact business in Fl			
Picase	urn all correspondence concerning this matter to the following:			
	Sonia K. Lowe, Paralegal			
Name of Person				
	Baker & Hostetler LLP			
	Fimt/Company			
	200 Civic Center Drive, Suite 1200			
	Address			
	Columbus, Ohio 43215			
City/State and Zip Code				
	slowe@bakerlaw.com			
	E-mail address: (to be used for future annual report notification)			
For furt	er information concerning this matter, please call:			
	Sonia K. Lowe, Paralegal 614 462-4701			
	Name of Contact Person Area Code Daytime Telephone Number			
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeΓallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303			
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\Begin{array}{l} \$125.00 \text{ Filing Fee} & \Boxedat \text{ \$\$130.00 \text{ Filing Fee} & \Boxedat \text{ \$\$160.00 \text{ Filing Fee}, Certificate of Status} \text{ Certified Copy} \text{ of Status & Certified Copy}			

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

IN COMPILANCE 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:

(Name of Foreign	Limited Liability Company, must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
l'iname unavailable, enter alternate r	name adopted for the purpose of transacting business in Floring	orida. The alternate name must include "Limited Liabi	hty Company," "L.L.C," or "LLC.
Delaware			
(Jursdiction under the law of w	hich foreign lumited liability company is organized)	3, (FEI number,	if applicable)
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty liability)	<del></del>
117 Noxon Street		117 Noxon Street	
treet Address of Principal Office)	<del></del>	(Mailing Address)	
Aubumdale, FL 3382	3	Auburndale, FL 33823	
			<del></del>
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	<b></b>
	James Brian Green		
Name:			
Office Address:	117 Noxon Street		72
Office Address.			i p
	Auburndale	33823 , Florida	
	(City)	(Zip code)	TE 45
egistered agent's accep	tance: gistered agent and to accept service of p	racess for the above stated limited lin	hility company at the pl
esignated in this applicat	tion, I hereby accept the appointment as	registered agent and agree to act in	this capacity. I further
	ons of all statutes relative to the proper s of my position as registered agent.	and complete performance of my dut	ies, and I am familiar w
	/s/ James Brian Green		
	(Registered agent's s	ignature)	

James Brian Green

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: Name and Address: Name: Split Peak Holdings LLC Name: \_\_\_\_\_ □Manager □Manager 117 Noxon Street **■** Member □Member Address: Aubumdale, FL 33823 ☐ Authorized □ Authorized Person Person Other\_\_ □Other \_\_\_\_ □Other □Other\_\_\_\_ Name: □ Manager □Manager □Member Address: \_\_\_\_\_ □Member Address: □ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other Other\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Member Address: 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. 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 s.817.155, F.S. /s/ James Brian Green Signature of an authorized person James Brian Green

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "FLORIDA SURF RESERVE 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 TWELFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLORIDA SURF RESERVE LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204386840

Date: 10-12-21