MARCICA SICH

(1	Requestor's Name)			
(Address)				
(Address)				
(0	City/State/Zip/Phone #)			
PICK-UP	MAIL MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				

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S. **HAWKES**NOV _ = 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/02/2021				**WALK IN**
Dod 22	Ortoga Landing LLC			777224 24
ENTITY NAME Port 32	Orlega Landing LLC			
DOCUMENT NUMBER_				
	PLEASE FILE THE A	TTACHED AND RETU	URN	
	Plain Copy			
XXXXX	Certified Copy			
XXXXX	Certificate of Status			
/ 	Certified Copy of Arts &	Amendments	OVE ENTITY	
	Certificate of Good Standing ***APOSTILLE' / NOT		TION**	
COUNTRY OF DESTINAT NUMBER OF CERTIFICA.				
TOTAL OWED \$160			#: I2016000007	'2
		-5	. 8 FM	
Please call Tina at th	he above number for any	issues or concern	s. Thank you s	ro much!

COVER LETTER

	egistration Section Division of Corporations	
SUBJECT	r: PORT 32 OVTEGA	Landing LLC
	Nan	ne of Limited Liability Company
The enclos Existence,	sed "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please retu	irn all correspondence concerning this matter	to the following:
	Joseph Henry M	uiller, IV
	PORT 32 OV	tega Landing LLC
		Firm/Company
	33 Lockwood	brive
		Address
	charkston, S	c 29401
		City/State and Zip Code
	rm@port32h	naring S. COM De used for future annual report notification)
	E-mail address: (to b	pe used for future annual report notification)
For further	r information concerning this matter, please e	all:
þ	ebeca McMenemy	at (<u>603</u>) <u>413-4072</u> Area Code Daytime Telephone Number
	Name of Contact Person	Area Code Daytime Telephone Number
<u> </u>	failing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations The Centre of Tallahassee
	P.O. Box 6327 Fallahassee, FL 32314	2415 N. Monroe Street, Suite 810
1	andnassee, FE 32314	Tallahassee, FL 32303
E	inclosed is a check for the following amount: Please make check payable to: FLORIDA DE	PARTMENT OF STATE
	S125.00 Filing Fee ☐ \$130.00 Filing F	ee & 🔲 \$155.00 Filing Fee & 🛕 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 6050902. FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PORT 32 Ortega Landing LLC
(Name of Foreign Lamited Liability Company; must include "Limited Liability Company," "L.J.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of maisacting business in Florida. The alternate name must include "Earnied Liability Company," "L.L.C." or "E.L.C.") 2. Dulaway Ourisdiction under the law of which toreign limited hability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 615,0904 & 605,0905, F.S. to determine penalty hability.) 33 Lockwood br. 6. 33 LOUKWOON Dr. (Street Address of Principal Office) Charleston, Sc 29401 Charleston, Sc 29401 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mike Jinson Name: 2305 PhA Blvd #E
Palm Beach Gardens . Florida 33410 Office Address: 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

MU VM ~ (Registered agent's signature)

and accept the obligations of my position as registered agent.

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Port 32 Marinas Name: ____ □Manager Address: 33 LOCK WOOD Dr. √Member □Member Address: ______ Charleston, St 29401 □ Authorized □ Authorized Person Person □Other ____ □Other ______ □Other_____ □Other_____ Name: _____ □ Manager □Manager Name: _____ Address: ______ □Member Address: □ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other_____ □Other_____ Name: ☐ Manager Name: ______ □Manager Address: ______ □Member Address: ______ □ Member □ Authorized □ Authorized 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 s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Joseph H Miller, IV



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

DELAWARE, DO HEREBY CERTIFY "PORT 32 ORTEGA LANDING 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 SECOND DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PORT 32 ORTEGAL LANDING LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2021.

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



Authentication: 204574918

Date: 11-02-21

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