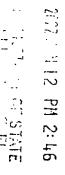
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Office Use Only



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S. HAWKES

JAN _ = 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

CONTACT PERSON: Eyliena Baker -- EXT#

ACCOUNT NO. : I2000000195 REFERENCE : 372817 7648441 AUTHORIZATION COST LIMIT : ORDER DATE: January 11, 2022 ORDER TIME : 9:43 AM ORDER NO. : 372817-030 CUSTOMER NO: 7648441 FOREIGN FILINGS NAME: HALL OF FAME SMI WESTREC, HOF SMI OPCO SERIES XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX ___ CERTIFIED COPY ____ PLAIN STAMPED COPY XX ____ CERTIFICATE OF GOOD STANDING

EXAMINER:

COVER LETTER

TO:

Registration Section

| Name of Limited Liability Company | | | |
|-----------------------------------|------------------------------------|---|--|
| | | Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F | |
| return all corres | pondence concerning this matter to | o the following: | |
| Care | of Bradshaw | | |
| | | Name of Person | |
| Sun | tex Marina Investors, LLC | | |
| | | Firm/Company | |
| 173: | 30 Preston Road, Suite #220A | | |
| | | Address | |
| Dall | ns, TX 75252 | | |
| | C | ity/State and Zip Code | |
| cbrads | shaw@suntex.com | | |
| | E-mail address: (to be | used for future annual report notification) | |
| ther information | concerning this matter, please cal | и: | |
| Carol Bradsh | ew | 214 431-4040 at () | |
| | Name of Contact Person | Area Code Daytime Telephone Number | |
| Mailing Addr | · | Street Address; | |
| Registration | | Registration Section | |
| P.O. Box 61 | Corporations | Division of Corporations | |
| Tallahassee | · = · | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | |
| Tallallassee | ۳۱ دعد ط ۱ و | Tallahassee, FL 32303 | |
| Enclosed is a | check for the following amount: | PARTMENT OF STATE | |

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: Hall of Fame SMI Westree, LLC, HOF SMI OpCo Series (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name onevellable, enter afternate name adopted for the purpose of transacting business in Fiorida. The afternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware 87-3584662 (FEI number, if applicable) N/A Date first transacted business in Florida, if prior to registration.)
See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 17330 Preston Road 17330 Preston Road (Mailing Address) (Street Address of Principal Office) Suite #220A Suite #220A Dallas, TX 75252 Dallas, TX 75252 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Taliahassee Florida (City) 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. Assistant Vice President

(Registered agent's signature)

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: Name and Address: Title or Capacity: Name: Richard Carter Bryan Redmond ☐Manager □Manager 17330 Preston Road 17330 Preston Road Address: Address: □ Member □Member Suite #220A Suite #220A □ Authorized □ Authorized Dallas, TX 75252 Dallas, TX 75252 Person Person Officer Officer ⊟Other_ ☐Other____ ☐Other_____ □ Manager Name: □Manager Name: ☐Member Address: Address: ☐ Authorized Authorized Person Person □Other_____ □Other □Other □Other Name: Name: □Manager □ Manager ☐ Member Address: ☐ 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. 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

Bryan Redmond



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

DELAWARE, DO HEREBY CERTIFY "HALL OF FAME SMI WESTREC, LLC, HOF SMI

OPCO SERIES" 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 ELEVENTH DAY OF JANUARY,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "HALL OF FAME SMI WESTREC, LLC, HOF SMI OPCO SERIES" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HALL OF FAME SMI WESTREC, LLC, HOF SMI OPCO SERIES" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2021.



Authentication: 202372953

Date: 01-11-22