## M2200000365

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.0)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filling Officer
Special Instructions to Filing Officer:

Office Use Only



800382640008





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 520602 142543A
AUTHORIZATION: Smellice man
COST LIMIT : \$ 160.00
ORDER DATE: March 1, 2022
ORDER TIME : 1:52 PM
ORDER NO. : 520602-005
CUSTOMER NO: 142543A
FOREIGN FILINGS
NAME: MARINAWALK HOLDINGS LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )

CONTACT PERSON: Eyliena Baker -- EXT#

PLAIN STAMPED COPY
XX\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

XX\_\_\_\_CERTIFIED COPY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

## **COVER LETTER**

BJECT:	Marina Walk Holdings, LLC					
_	Na	me of Limited Liability Company				
enclosed " stence, and	Application by Foreign Limited Liability check are submitted to register the above	y Company for Authorization to Transact Business in Florida," re referenced foreign limited liability company to transact busing	Certifica			
	Il correspondence concerning this matter					
	Staci Duke					
		Name of Person				
	Maynard, Cooper & Gale, P.C					
		Firm/Company				
	1901 Sixth Avenue North, Suite 1700					
		Address				
	Birmingham, AL 35203					
		City/State and Zip Code				
	sduke@maynardcooper.com					
		e used for future annual report notification)				
urther info	rmation concerning this matter, please ca	all:				
Staci [		205 488-3524 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
	2 Address:	Street Address:				
	ration Section	Registration Section				
	on of Corporations Box 6327	Division of Corporations				
	assee, FL 32314	The Centre of Tallahassee				
	TOUR OF END DENTE	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclose	d is a check for the following amount:	A S DOTA A S S S S S S S S S S S S S S S S S S				
□ \$125	nake check payable to: FLORIDA DEP 1.00 Filing Fee S130.00 Filing Fee	PARTMENT OF STATE c & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Ce	edificana			

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

IN COMPLIANCE WITH SECTION 695.0902 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

table massispie, their steimi	a name adopted for the purpose of transacting business in Flo	rida. The atternate name must include "Limited Liab	iliry Company," "L.I., C." or "LLC
Delaware 		88-0839656	
(Jurisdiction under the law of	which foreign limited liability company is organized)	3(FEI number,	, if applicable)
	(Date first transacted husiness in Flerida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	galfatica.)	<del>_</del>
7020 South Shore Dr	ive	7020 South Share Drive	
a Address of Principal Office)		6. (Mailing Address)	<del></del>
South Pasadena, FL 3	3707	South Pasadena, FL 33707	
lame and street addre	ss of Florida registered agent: (P.O. Box )	NOT acceptable)	
	Jack Dougherry		9: 57 9: 57
Name: Office Address:	Jack Dougherry 7020 South Shore Drive		9: 57 STATE
Name:	7020 South Shore Drive South Pasadena	33707	9: 57 STATE , FL
Name:	7020 South Shore Drive  South Pasadena  (City)	Florida 33707	9: 57 STATE , FL

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: Jack Dougherty Manager □Manager Name: \_\_\_\_\_ Address: 7020 South Shore Drive □Member Address: \_\_\_\_\_ South Pasadena, FL 33707 □ Authorized □ Authorized Person. Person □Other\_\_\_ Other\_\_\_\_ Other □Other\_\_\_\_ □ Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_ □Member Address: □Member Address: \_\_\_\_ ☐ Authorized ☐ Authorized Person Person □Other\_\_\_ Other\_\_\_\_ Other\_\_\_ □ Other\_\_\_\_\_ □ Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ □ Member Address: □Member Address: □ 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 outh 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. Jan Loughi Signature of an authorized person Jack Dougherty

Typed or printed name of signee

**Delaware** 

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MARINAWALK HOLDINGS 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 TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARINAWALK HOLDINGS LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022.

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



Jeffrey W. Bullack, Secretary of State

Authentication: 202770031