

Mar. 4. 2022 3:47PM

No. 0756 P. 1

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Division of Corporations

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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: hfra@henlaw.com

Foreign Limited Liability Company
Sharp Plaza LLC

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

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FAX AUDIT NO. H22000083910 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. SHARP PLAZA LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. N/A

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

5. 1100 Louisiana Street, Suite 2200

(Street Address of Principal Office)

6. PO Box 1088

(Mailing Address)

Houston, TX 77002

Boca Grande, Florida 33921

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

Name: HF Registered Agents, LLC

Office Address: 1715 Monroe Street

Fort Myers

(City)

, Florida 33901

(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.

By: Erin E. Houck-Toll, Vice President

(Registered agent's signature)

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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:

☐ Manager Name: Larry Shryock

☐ Member Address: 1100 Louisiana Street, Ste 2200

☐ Authorized Houston, TX 77002

Person _____

☒ Other President ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Michael Shryock

☐ Member Address: 1100 Louisiana Street, Ste 2200

☐ Authorized Houston, TX 77002

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Jon Reecher

☐ Member Address: PO Box 1088

☐ Authorized Boca Grande, Florida 33921

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Glenn Price

☐ Member Address: PO Box 1088

☐ Authorized Boca Grande, Florida 33921

Person _____

☒ Other Vice President ☒ Other Secretary

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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

Larry Shryock

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF 'SHARP PLAZA LLC',
FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D.
2022, AT 11:16 O'CLOCK A.M.



6638263 8100
SR# 20220689130

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Authentication: 202763467
Date: 02-24-22

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