

M22000009569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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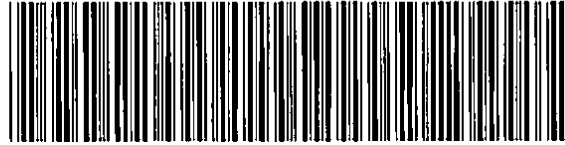
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. FRANKLIN

JUN 20 2022

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

ACCOUNT NO. : I200000000195

REFERENCE : 747950 8026669

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : June 16, 2022

ORDER TIME : 7:54 AM

ORDER NO. : 747950-005

CUSTOMER NO: 8026669

2022 JUN 17 PM 5:22

FOREIGN FILINGS

NAME: SHM STOCK ISLAND TRS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SHM Stock Island TRS, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John Ray

Name of Person

SHM Stock Island TRS, LLC

Firm/Company

14785 Preston Rd., Suite 975

Address

Dallas TX 75254

City/State and Zip Code

notices@shmarinas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Ray

972

540-6575

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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**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:

1. SHM Stock Island TRS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Delaware 3. 88-2830845
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 7001 Shrimp Rd. 6. 14785 Preston Rd., Suite 975
(Street Address of Principal Office) (Mailing Address)
Naval Air Station, Key West, FL 33040
Dallas TX 75254

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

Name: Corporation Service Company
Office Address: 1201 Hayes Street
Tallahassee 32301
(City) , Florida (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.

Alexis Weibull, assistant 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: |
|------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Manager | Name: Gavin McClintock |
| <input type="checkbox"/> Member | Address: 14785 Preston Rd., Suite 975 |
| <input checked="" type="checkbox"/> Authorized | Dallas TX 75254 |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Manager | Name: Peter Clark |
| <input type="checkbox"/> Member | Address: 14785 Preston Rd., Suite 975 |
| <input checked="" type="checkbox"/> Authorized | Dallas TX 75254 |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| Title or Capacity: | Name and Address: |
|------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Manager | Name: Katheryn Burchett |
| <input type="checkbox"/> Member | Address: 14785 Preston Rd., Suite 975 |
| <input checked="" type="checkbox"/> Authorized | Dallas TX 75254 |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

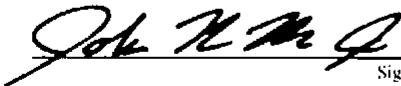
| | |
|------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Manager | Name: John Ray |
| <input type="checkbox"/> Member | Address: 14785 Preston Rd., Suite 975 |
| <input checked="" type="checkbox"/> Authorized | Dallas TX 75254 |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> 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

John Ray, an authorized person
Typed or printed name of signee

Delaware

The First State

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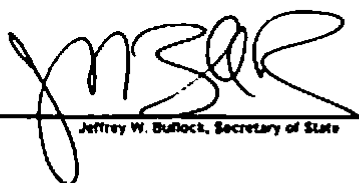
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHM STOCK ISLAND TRS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHM STOCK ISLAND TRS, LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2022.

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

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Jeffrey W. Bullock, Secretary of State

6847506 8300

SR# 20222749187

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

Authentication: 203699877

Date: 06-16-22