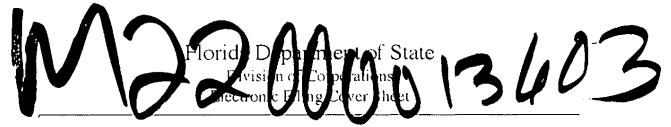
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another	cover sheet.	·
To:			
101	Division of Corporations		
	Fax Number : (850)617-6383		
From:			
•	Account Name : LEGALINC CORPO	RATE SERVICES	INC.
	Account Number : I20180000011		-
	Phone : (844)386-0178 Fax Number : (214)317-4754		
	Foreign Limited Liability	Company	
	Foreign Limited Liability IM 02 JENSEN RESI		_
]
	IM 02 JENSEN RESI	LLC	
	IM 02 JENSEN RESI	LLC	
	IM 02 JENSEN RESI Certificate of Status Certified Copy	0 0	

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(((H22000292930 3)))

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATIVIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. HIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DELAWARE (Jurisdiction under the law of which	Toreign limited liability company is organized)	3(FEI number, if applicable,	}
(Jurisdiction under the law of which	i foreign timited liability company is organized)	(FE: number, if applicable	}
	(Date first transacted business in Florida, if prior to regi (See sections 605 0904 & 505 0905, F.S. to determine p	itation) emily lightity)	. 1201
rect Address of Principal Office)		б(Mailing Address)	دن
2225 Northeast Indian Riv		2225 Northeast Indian River Drive	230 P!
Jensen Beach, FL, 34957		Jensen Beach, FL, 34957	2: 1
I Name.	LEGALINC CORPORATE SERVICES	INC.	
_	237 SUMMERLIN COMMONS BLVD	STE 400	
ŀ	FORT MYERS,	33907 Florida(Zip rode)	
_	(Cay)	(Zin rode)	

To: 18506176383 From: 12147128131 Date: 08/30/22 Time: 4:54 PM Page: 03/04

(((H22000292930 3)))

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:
□Manager	Name. Integra Marinas Holdings LLC	□Manager	Name,	
Member	Address. 150 SE 2nd Ave.	□Member	Address.	
□Authorized	Suite 800	□Authorized		
Person	Miami, FL. US. 33131	Person		
□ Other	Other	□Other		□Other
□Manager	Name.	□Manager	Name.	2022 :
□Member	Address.	□Member	Address.	.,,
□Authorized		□Authorized		P
Person		Person		
[]Other		[]Other		[]Other
□Manager	Name.	□Manager	Namc	
□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. 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 ar. Alahorized person	_
Signature of ar. Authorized per in	(((H22000292930 3)))
Craig P. Thompson	_
Typed or printed name of signee	

(((H22000292930 3)))



Page 1

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

DELAWARE, DO HEREBY CERTIFY "IM 02 JENSEN RESI LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

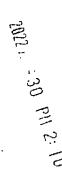
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-NINTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IM 02 JENSEN

RESI LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2022.

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





Authentication: 204274291

Date: 08-29-22

SR# 20223390994

6985070 8300

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