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DIRECTORION

TALLAMALLEE, FLORIDA

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COVER LETTER

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Registration Section

TO:

Nar	ne of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Fl
e return all correspondence concerning this matter	to the following:
Woodroe Blake Fugate	
	Name of Person
Fugate & Fugate Law Firm	
	Firm/Company
248 NW Main Street	
	Address
Williston, FL 32696	
	City/State and Zip Code
blake@normdfugatepa.com	
E-mail address: (to l	be used for future annual report notification)
arther information concerning this matter, please c	all:
Woodroe Blake Fugate	352 528-0019 at ()
Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

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:

Delaware (Jurisdiction under the law of which foreign limited liability company is organized) January 12, 2023 (Chare first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 603 0905, F.S. to determine penalty liability) 248 NW Main Street. Williston FL 32696 Rect Address of Principal Office) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Woodroe Blake Fugate Name: 248 NW Main Street Williston Street Address: Williston (City) Florida (City code) Williston Street agent's acceptance: Williston (City) Florida (City code) Rect Address of Principal Office) Florida (City code) Rect Address: Williston Thereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia diacept the obligations of my position as fregistered agent.	name unavailable, enter alternate	name adopted for the purpose of transacting business in F	londa. The alternate name must include "Limited Liabili	ty Company,"	"1L.C," o	r "LLC."
(Date first transacted business in Florida, if prior to registration.) (See sections 603 0904 & 603 0909, F.S. to determine penalty liability.) 248 NW Main Street. Williston FL 32696 et Address of Principal Office.) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Woodroe Blake Fugate Name: Williston Williston Williston Williston Ving Address: Williston Florida (Zip code) Williston Florida (Zip code) Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the impact of my table to the propositions of all statutes relative to the proper and complex performance of my duties and Lord familiar comply with the provisions of all statutes relative to the proper and complex performance of my duties and Lord familiar manuface and company and the statutes and Lord familiar comply with the provisions of all statutes relative to the proper and complex performance of my duties and Lord familiar comply with the provisions of all statutes relative to the proper and complex performance of my duties and Lord familiar and agree to act in this capacity. I for agentification.	Delaware					
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(Registered agent's signature)	Office Address: gistered agent's acceptiving been named as resignated in this applications	248 NW Main Street Williston (City) Diance: egistered agent and to accept service of pation, I hereby accept the appointment accept so the proper	Florida (Zip code) process for the above stated limited liab	his canacit	PH 4: 48	chor o

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: Woodroe Blake Fugate □Manager □ Manager Name: 248 NW Main Street □Member Address: ˈ ☐ Member Address: Williston, FL 32696 ■Authorized ☐ Authorized Person Person □Other □Other_____ Other □Other Name: _____ □Manager □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 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 Woodroe Blake Fugate

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY THAT "SALTWATER PROPERTY HOLDINGS, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED

OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SEVENTEENTH DAY OF JANUARY,

A.D. 2023, AT 4:28 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.



Authentication: 202867199

Date: 03-08-23