## M2300005165

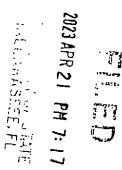
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(Requestor's Name)
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S. FRANKLIN APR 2 1 2023

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
	FS Investment Propertie	es LLC
SUBJ	ECT:	
		Name of Limited Liability Company
		n Limited Liability Company for Authorization to Transact Business in Florida," Certificate of register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence conc	cerning this matter to the following:
	William Bell	
		Name of Person
	New Business Filir	пд
		Firm/Company
	8170 Washington V	Village Drive  Address  Address
		Address
	Dayton OH 45458	2 P
	orders@newbusiness	City/State and Zip Code
	E-	-mail address: (to be used for future annual report notification)
For fu	rther information concerning th	his matter, please call:
	William Bell	888 701-6450 at ()
	Name of Co	Contact Person Area Code Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section  Division of Corporations The Centre of Tallahassee  2415 N. Monroe Street, Suite 810
	Enclosed is a check for the fo	Tallahassee, FL 32303 following amount:
		to: FLORIDA DEPARTMENT OF STATE  \$\Begin{array}{ll} \$130.00 \text{ Filing Fee & } & \Boxed{D} \$155.00 \text{ Filing Fee & } & \Boxed{D} \$160.00 \text{ Filing Fee, Certificate } \text{ Certificate Copy} \text{ of Status & Certified Copy}  \text{ \text{ of Status & Certified Copy} } \text{  }                                                                                                                                                                            \

## 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: FS Investment Properties LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") FS Sunny Investment Properties 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 "L.L.C.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Street Address of Principal Office) 136 West Saint Lucia Lane 136 West Saint Lucia Lane Santa Rosa Beach Florida 32459 Santa Rosa Beach Florida 32459 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Sheila Carlton Name: 136 West Saint Lucia Lane Office Address: Santa Rosa Beach 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. Sheela 10 Contra (Registered agent's signature)

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: Name and Address: Title or Capacity: Name: Sheila Carlton □Manager Name: □Manager Address: 136 West Saint Lucia Lane Address: □Member ■ Member Santa Rosa Beach □Authorized ☐ Authorized Florida 32459 Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_ Name: □Manager □Manager Address: \_\_\_\_\_ ☐ Member Address: ☐Member ☐ Authorized ☐ Authorized Person Person Other\_\_\_\_ □ Other Other Other\_\_\_\_ Name: \_\_\_\_ □Manager Name: □Manager Address: □Member □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. Shela 10 Contra

Typed or printed name of signee

Sheila Carlton

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FS INVESTMENT PROPERTIES, 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 SIXTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FS INVESTMENT PROPERTIES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2023.

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

Authentication: 202841165

Date: 03-06-23



April 6, 2023

WILLIAM BELL 8170 WASHINGTON VILLAGE DRIVE DAYTON, OH 45458 US

SUBJECT: FS SUNNY INVESTMENT PROPERTIES LLC

Ref. Number: W23000047259

We have received your document for FS SUNNY INVESTMENT PROPERTIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number:, 123A00007887

RECEIVED AFR 21....