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	(Requestor's Name)				
	(Address)				
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	(City/State/Zip/Phone #)				
PICK-UP	wait	MAIL			
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	(Business Entity Name)				
	(Document Number)				
Certified Copies	Certificates of	Status			
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Special Instructions to	Filing Officer:	•••			
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Office Use Only



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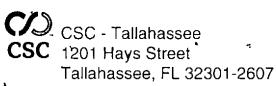
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850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 07/13/23

Order #: 1232935-1

Re: Shipyards Shared Facilities Jacksonville, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

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Registration Section

TO:

	Shipyarde Shared Facilities Jacksonvill	lie II C					
ECT:	Shipyards Shared Facilities Jacksonville, LLC						
	Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida." Certific referenced foreign limited liability company to transact business in F					
return	all correspondence concerning this matter t	to the following:					
	Autumn Richards						
	Name of Person						
	Jacksonville Jaguars, LLC						
	Firm/Company						
	1 TIAA Bank Field Drive						
	Address						
	Jacksonville, FL 32202						
	(City/State and Zip Code					
	richardsa@nfl.jaguars.com						
	E-mail address: (to be	e used for future annual report notification)					
rther in	nformation concerning this matter, please ca	ıll:					
Aut	turnn Richards	330 998-9496 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	losed is a check for the following amount:						
	se make check payable to: FLORIDA DEF 125.00 Filing Fee	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certifica					

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:

Shipyards Shared Fa	icilities Jacksonville, LLC						
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Compa	ny," "L.L.C.," or "LLC.")				
(If name unavailable, enter alternate a	name adopted for the purpose of transacting business in Fl	orida. The alternate	name must include "Limited Lia	ability Company," "L.	L.C," or "LLC.")		
Delaware		3					
(Jurisdiction under the law of which foreign limited liability company is organized)			3. (FEI number, if applicable)				
4							
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determi	registration.) ne penalty liability)					
1 TIAA Bank Field Drive 5.		1 TIA	A Bank Field Drive				
(Street Address of Principal Office)	 	0	failing Address)				
Jacksonville, FL 32202		Jacks	onville, FL 32202				
				_			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)	TECRETA SECRETA	APP FI		
Name:	Corporation Service Company						
Office Address:	1201 Hays Street			∰ c	့		
	Tallahassee		32301 , Florida				
	(City)		(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.

Corporation Service Company

By: Clerking Weiland-Sirenson, Aug (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: Title or Capacity: Name and Address: William Michaelis □Manager □ Manager Name: _____ 1 TIAA Bank Field Drive □ Member □Member Address: Jacksonville, FL 32202 **■** Authorized □ Authorized Person Person □Other ____ □Other □Other □Other □Manager Name: ____ Name: ☐ Manager □Member Address: Address: □Member ☐ Authorized ☐ Authorized Person Person □Other_ ____ Other_____ □Other Other Name: ______ □ Manager Name: _____ □ Manager Address: □Member Address: ☐ Member ☐ 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. Cultum Richards Signature of an authorized person

Typed or printed name of signee

Autumn Richards



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

DELAWARE, DO HEREBY CERTIFY "SHIPYARDS SHARED FACILITIES

JACKSONVILLE, 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 TWELFTH DAY OF JULY,

A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHIPYARDS SHARED FACILITIES JACKSONVILLE, LLC" WAS FORMED ON THE ELEVENTH DAY OF JULY, A.D. 2023.

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

STATE OF THE PARTY OF THE PARTY

Authentication: 203732809

Date: 07-12-23