

M23000010092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

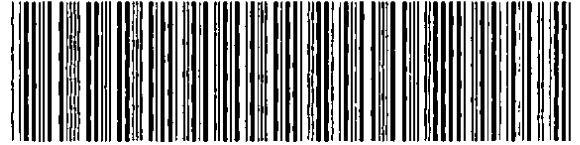
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/31/23--01023--010 **125.00

2023 JUL 31 PM 1:33
SEC. OF STATE
TALLAHASSEE, FL

U. S. DEPT. OF JUSTICE



July 21, 2023

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom this may concern,

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in FL, a Cover Letter, a Certificate of Good Standing from the Secretary of State of Delaware as well as a check for \$125.

Please let me call me at (617) 574-3330 or email at elafferty@saturnpartnersvc.com if you require anything additional or have any questions. We look forward to operating out of our office in the State of Florida.

Best regards,

Ed Lafferty
CFO & Member
Saturn Management LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPLP III Opportunity 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:

Edward A. Lafferty

Name of Person

Saturn Management LLC

Firm/Company

501 1st Ave N, Suite 901

Address

St. Petersburg, FL 33701

City/State and Zip Code

clafferty@saturnpartnersvc.com

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

For further information concerning this matter, please call:

Edward A. Lafferty

978

239-9459

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

**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. SPLP III Opportunity LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- SPLP III Opportunity, L.L.C.
- (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
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 46-0622308
(FEI number, if applicable)
4. 1/1/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 501 1st Ave N
(Street Address of Principal Office)
- Suite 901
- St Petersburg, FL 33701
6. 501 1st Ave N
(Mailing Address)
- 501 1st Ave N
- St Petersburg, FL 33701
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays St

Tallahassee, Florida 32301
(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: Paula Washburn

(Registered agent's signature)

FILED
2023 JUL 31 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FL

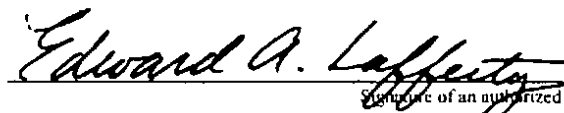
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Jeffrey S. McCormick		<input type="checkbox"/> Manager	Name:	Edward A. Lafferty	
<input checked="" type="checkbox"/> Member	Address:	300 Ocean Drive, Unit 332		<input type="checkbox"/> Member	Address:	855 Bayway Blvd., Unit 708	
<input checked="" type="checkbox"/> Authorized		Palmas Del Mar		<input checked="" type="checkbox"/> Authorized		Clearwater Beach, FL 33767	
Person		Humacao, PR 00936		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<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

Edward A. Lafferty

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPLP III OPPORTUNITY 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-FIRST DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPLP III OPPORTUNITY LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D. 2012.

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


Jeffrey W. Bullock, Secretary of State

5185159 8300

SR# 20233057143

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

Authentication: 203802017

Date: 07-21-23