

M2400000001747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

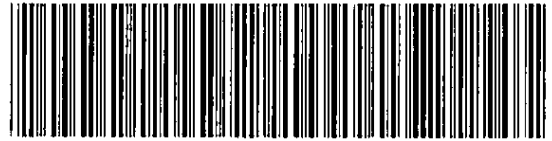
(Document Number)

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Special Instructions to Filing Officer:

W24-15522

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12/28/23--01009--011 \*\*125.00

RECEIVED

DEC 27 2023

FILED  
2024 FEB 13 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2024

DONALD F. SINEX  
3730 NORTH OCEAN DRIVE 6-13  
WEST PALM BEACH, FL 33404 US

SUBJECT: DEVONWOOD INVESTORS, LLC  
Ref. Number: W24000015522

We have received your document for DEVONWOOD INVESTORS, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

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

Ariel Jones  
Regulatory Specialist II

Letter Number: 024A00002022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DEVONWOOD INVESTORS, 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:

DONALD F. SINEX  
Name of Person

DEVONWOOD INVESTORS, LLC  
Firm/Company

3730 N. OCEAN DRIVE G-13  
Address

WEST PALM BEACH, FL 33404  
City/State and Zip Code

dsinex7184@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD F. SINEX at ( 212 ) 203-2018  
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**

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. DEVONWOOD INVESTORS, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 "LLC.")

2. DELAWARE 3. 27-0310690  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

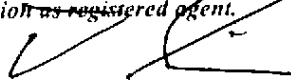
5. 101 Cherry Street 6. 3730 N. Ocean Drive  
(Street Address of Principal Office) (Mailing Address)  
SUITE 440  
BURLINGTON, VT. 05401 WEST PALM BEACH, FLA.  
33404

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DM Sugar Island Auxiliary, LLC  
Office Address: 3730 N. Ocean Drive, 6-13  
WEST PALM BEACH, Florida 33404  
(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.



(Registered agent's signature)

FILED  
2024 FEB 13 PM 3:11  
SECRETARY OF STATE  
TREASURY

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: Donald F. Siney

☐ Manager

Name: Mija Lee (Siney)

☐ Member

Address: 3730 N. Ocean Dr

☒ Member

Address: 3730 N. Ocean Drive

☐ Authorized

6-B

☐ Authorized

6-B

Person

West Palm Beach, FL

Person

West Palm Beach, FL

☐ Other

☐ Other

33404

☐ Other

☐ Other

33404

☐ Manager

Name: \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: N/A

☐ Member

Address: N/A

☐ Authorized

\_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other

☐ Other

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: N/A

☐ Member

Address: N/A

☐ 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 an authorized person

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "DEVONWOOD INVESTORS, 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 ELEVENTH DAY OF MAY, A.D. 2009, AT 2:24 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "DEVONWOOD INVESTORS, LLC".

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



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

4685853 8310

SR# 20234125024

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204757248

Date: 12-07-23