

M240000 10175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

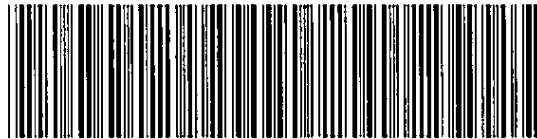
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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APPROVED  
AND  
FILED  
2024 AUG -5 PM 2:39  
CLERK OF COURT  
COUNTY OF ALBERTA

AUG 08 2024

K. Brumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2024

SETH WALKER  
2573 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308 US

SUBJECT: SH TAMPA JV LLC  
Ref. Number: W24000094845

We have received your document for SH TAMPA JV LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

Ariel Jones  
Regulatory Specialist II

Letter Number: 524A00013694

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. SH Tampa JV 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. 99-2899535  
(Jurisdiction under the law of which foreign limited liability company is organized.) (FBI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0902, F.S. to determine penalty liability.)

5. 444 MADISON AVE 6. SRI MANAGEMENT  
(Street Address of Principal Office) (Mailing Address)

FLOOR 14 2573 BARRINGTON CIRCLE

NEW YORK, NY 10022 TALLAHASSEE, FL 32308

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St Petersburg, Florida 33702  
(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.

David Roberts

(Registered agent's signature)

APPROVED  
AND  
FILED  
2024 AUG -5 PM 2:39  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
HARRIS, TEXAS


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 type="checkbox"/> Manager               | Name: <u>NICOLE SERMIER</u>          | <input type="checkbox"/> Manager               | Name: <u>MARY WINTER</u>             |
| <input type="checkbox"/> Member                | Address: <u>444 MADISON AVE</u>      | <input type="checkbox"/> Member                | Address: <u>444 MADISON AVE</u>      |
| <input checked="" type="checkbox"/> Authorized | <u>FLOOR 14</u>                      | <input checked="" type="checkbox"/> Authorized | <u>FLOOR 14</u>                      |
| Person   | <u>NEW YORK, NY 10022</u>            | Person   | <u>NEW YORK, NY 10022</u>            |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager           | Name: _____                          | <br><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 _____ |
| <br><input type="checkbox"/> Manager           | Name: _____                          | <br><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

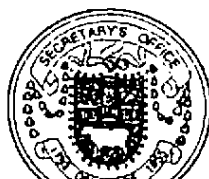
MARY WINTER

# Delaware

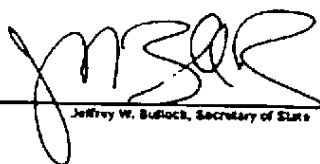
The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SH TAMPA JV 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 FIFTH DAY OF AUGUST, A.D. 2024.



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Jeffrey W. Bullock, Secretary of State

Authentication: 204082043