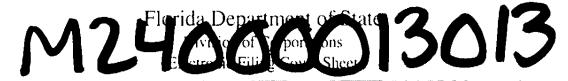
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company Atlantic BW JV Pool I TRS, LLC

Certificate of Status	1
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Help



TO:

Registration Section

COVER LETTER

BJECT:	Atlantic BW JV Pool FTRS, LLC			
	Nam	e of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Florida.		
ase return	all correspondence concerning this matter t	to the following:		
	Rebecca McMenemy			
		Name of Person		
	BlueWater Marinas			
		Firm/Company		
	33 Lockwood Drive Address			
	Charleston, SC 29401			
	C	ity/State and Zip Code		
	rm@bw-marinas.com			
	E-mail address: (to be	e used for future annual report notification)		
further in	aformation concerning this matter, please ca	11:		
	Name of Contact Person	at () Area Code Daytime Telephone Number		
Mai	iling Address:	Street Address:		
	sistration Section	Registration Section		
_	rision of Corporations	Division of Corporations		
	D. Box 6327	The Centre of Tallahassee		
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	losed is a check for the following amount:			
Plea	ise make check payable to: FLORIDA DEF i125.00 Filing Fee			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Compan	y," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in E	lorida. The alternate na	me must include "Limited Liability	Company," "1,4, C," or "1,4,0
2. Delaware 2. thursdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, if a	nplicable)
4.				_
	(Date first transacted business in Florida, if prior to (See sections 605-0904 & 605-0905; F.S. to determ	registration ine penalty liability)		
33 Lookwood Drive		33 Loci	kwood Drive	
Charleston, SC 29401		Charles	ton, SC 29401	
				(-) (-)
				-
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptab	le)	
Name:	Corporate Creations Network Inc.			
Office Address:	801 US Highway I			17.2
	North Palm Beach		33408 Florida	
	(City)		(Zip cirde)	•

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.

/s/ Joseph Panholzer	Joseph Panholzer, Special Secretary
	(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:
□Manager	Name: Atlantic BW JV Pool I, LLC	□Manager	Name:	
■Member	Address: 33 Lockwood Drive	□Member	Address:	
□Authorized	Charleston, SC 29401	□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		·
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□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. 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	
Joe H. Miller, IV		
	Exped 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 "ATLANTIC BW JV POOL I TRS, 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 TENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLANTIC BW JV POOL I TRS, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2024.

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

Authentication: 204598292

Date: 10-10-24