## M24000015742

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

Office Use Only



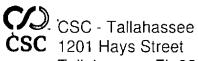
100440799771

2024 DEC 16 ANTI: 19

2024 DEC 16 PM 2: 17

APPROVED AND FILED

DEC 17 2024 K. Brumbley



Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 12/16/24 Order #: 1725779-1

Re: Salamander Palm Beach, 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

Certificate of Good Standing from State of Incorporation

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**

TO:	Registration Section Division of Corporations	
SUBJE	SALAMANDER PALM BEACH, LLC	
	Nar	ne of Limited Liability Company
	to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please i	return all correspondence concerning this matter	to the following:
	DEBBIE THOMAS	
		Name of Person
	SALAMANDER PALM BEACH, LL	.c
		Firm/Company
	100 W WASHINGTON ST, PO BC	OX 2082
		Address
	MIDDLEBURG, VA 20118	
	C	City/State and Zip Code
	dthomas@salamanderhotels.com	
	E-mail address: (to be	used for future annual report notification)
For furth	ner information concerning this matter, please cal	li:
	DEBBIE THOMAS	703 405-6976
	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 DEP.  \$125.00 Filing Fee  \$130.00 Filing Fee  Certificate o	: & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee Certificate

## 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:

ame unavailable, enter alterna	te name adopted for the purpose of transacting business in F.	orida. The alternate name must include "Limited L	isbility Company ""I F C " or "I I C "
Delaware			monny company, E.E.C. or LEC.)
(Jurisdiction under the law o	which foreign limited liability company is organized)	3(FEI num	ber, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	egistration.) ne penalty liability)	
100 West Washing	ton Street, PO Box 2082	100 West Washington St	reet, PO Box 2082
•		(Mailing Address)	
Middleburg, VA 201	18	Middleburg, VA 20118	
Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)	
Name and <u>street addre</u> Name:	ess of Florida registered agent: (P.O. Box  Corporation Service Company	NOT acceptable)	2024 DEC 16
		<u>NOT</u> acceptable)	س≺ر سـ -ززر
Name:	Corporation Service Company		6 局部
Name:	Corporation Service Company  1201 Hays Street  Tallahassee		一篇 5 层部

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: Name: Dale Pelletier □Manager □Manager Name: \_\_\_\_ Address: 100 West Washington Street □Member ☐Member Address: \_\_\_\_ Middleburg, VA 20118 ■ Authorized □ Authorized Person Person Other\_ Other Other □Other\_\_\_ David Millar □Manager □Manager Name: \_\_\_\_\_ Address: \_\_\_\_ 100 West Washington Street ☐ Member □Member Address: Middleburg, VA 20118 **Authorized** ☐ Authorized Person Person Other\_ □Other ☐Other □ Other Prem Devadas □Manager □Manager Name: \_\_\_\_\_ Address: \_\_\_\_ □Member □Member Address: \_\_\_ Middleburg, VA 20118 ■ 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. Signature of an authorized person



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

DELAWARE, DO HEREBY CERTIFY "SALAMANDER PALM BEACH, 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 THIRTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SALAMANDER PALM BEACH, LLC" WAS FORMED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2024.

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



Authentication: 205130313

Date: 12-13-24