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**Foreign Limited Liability Company  
BlueWater BMC Lessee, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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K. SALY

MAR 20 2025

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FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE

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# **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. BlueWater BMC Lessee, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 33 Lockwood Drive  
(Street Address of Principal Office)

Charleston, SC 29401

6. 33 Lockwood Drive  
(Mailing Address)

Charleston, SC 29401

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

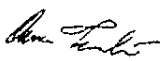
Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408  
(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.*

  
 By: Ariana Turuski, Special Secretary  
(Registered agent's signature)

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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: Atlantic BW JV Pool I TRS FL, LLC | <input type="checkbox"/> Manager               | Name: John Dunston Powell      |
| <input type="checkbox"/> Member                | Address: 33 Lockwood Drive              | <input type="checkbox"/> Member                | Address: 33 Lockwood Drive     |
| <input type="checkbox"/> Authorized            | Charleston, SC 29401                    | <input checked="" type="checkbox"/> Authorized | Charleston, SC 29401           |
| Person                                         |                                         | Person                                         |                                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other          | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager               | Name: Joseph H. Miller, IV              | <input type="checkbox"/> Manager               | Name: Charles Melangton        |
| <input type="checkbox"/> Member                | Address: 33 Lockwood Drive              | <input type="checkbox"/> Member                | Address: 33 Lockwood Drive     |
| <input checked="" type="checkbox"/> Authorized | Charleston, SC 29401                    | <input checked="" type="checkbox"/> Authorized | Charleston, SC 29401           |
| Person                                         |                                         | Person                                         |                                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other          | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager               | Name: Rebecca McMenemy                  | <input type="checkbox"/> Manager               | Name: Joseph H. Miller V       |
| <input type="checkbox"/> Member                | Address: 33 Lockwood Drive              | <input type="checkbox"/> Member                | Address: 33 Lockwood Drive     |
| <input checked="" type="checkbox"/> Authorized | Charleston, SC 29401                    | <input checked="" type="checkbox"/> Authorized | Charleston, SC 29401           |
| 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.

/s/ Joseph H. Miller, IV

Signature of an authorized person

Joseph H. Miller, IV

Typed or printed name of signee

# Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUEWATER BMC LESSEE, 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 NINETEENTH DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUEWATER BMC LESSEE, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2025.

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

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DELAWARE SECRETARY OF STATE



*C. P. Sanchez*

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203215346

Date: 03-19-25

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