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March 4, 2019

TAMI ROBERTSON 901 WABASH AVE STE 300 TERRE HAUTE, IN 47807 US

SUBJECT: WATERMARK AT STUART FL, LLC

Ref. Number: W19000020847

We have received your document for WATERMARK AT STUART FL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 419A00004392

Janeice L Smith
Regulatory Specialist II
Registration Section

www.sunbiz.org



Thompson Thrift Development Inc. 901 Wabash Avenue, Suite 300 Terre Haute, IN 47807

> TEL 812.235.5959 FAX 812.235.8122

www.thompsonthrift.com

February 21, 2019

VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations Registration Section Clifton Building Florida Corporation Commission Corporation Filings Section 2661 Executive Center Circle Tallahassee, FL 32301

RE: Watermark at Stuart FL, LLC - Application for Registration

To Whom it May Concern:

Enclosed with this correspondence, please find the Cover Letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida to be filed with the Florida Department of State. Also enclosed is a check in the sum of One Hundred Thirty Dollars (\$130.00) to cover the filing fee thereof. Please file the Application and return a copy of the same to my attention at trobertson@thompsonthrift.com.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely.

Tami L. Robertson

Real Estate Legal Administrator

Enclosures

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Watermark at Naples FL, L			•				
SUBJECT.		Name of Limi	ted Liability (Company		•		
The enclosed Existence, ar	I "Application by Foreign Li and check are submitted to reg	mited Liability Company ister the above reference	for Authoriza d foreign limit	tion to Transac ed liability com	t Business in Florida, npany to transact busin	Certificate of ness in Florida,		
Please return	all correspondence concern	ing this matter to the follo	owing:					
	Tami Robertson							
	Name of Person							
	Thompson Thrift Development, Inc.							
	Firm/Company							
	901 Wabash Avenue, Suite 300							
		Ac	ldress			•		
	Terre Haute, IN 47807							
		City/State	and Zip Code					
	trobertson@thompsonth							
	E-ma	l address: (to be used for	future annual	report notificat	lion)	•		
For further in	nformation concerning this n	natter, please call:						
Tar	ni Robertson	at	812	242-1163				
	Name of Conta	ect Person	Area Code	Daytime	Telephone Number	•		
Div Reg P.O	ision of Corporations gistration Section Box 6327 lahassee, FL 32314			STREET AD Division of Co Registration S Clifton Buildin 2661 Executiv Tallahassee, F	orporations ection ng re Center Circle			
	tosed is a check for the follouse make check payable to: F		NT OF STAT	r:F				
_		\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ed Copy	S160.00 Filing of Status & Cer			

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:

Watermark at Stuart F	L, LLC Limited Liability Company; must include "Limit	- 11 Tablis - Ca 119	1000000	
(isame or notei8)	i Chanted Libothty Company; must include "Cimil	ica Elsolitty Company, 1	winds, Or Libbs J	
nume unavailable, enter afternate i	name adopted for the purpose of transacting business in Fl	lorida. The alternate name must	include "Limited Liability Co	ompany," "L.L.C," or "L.C.
Delaware		3		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, if a	oplicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration.) nine penalty liability)		-
901 Wabash Avenue,			(Mailing Address)	
Terre Haute, IN 47801	7		•	
	<u> </u>			
		Városis, soci		
Name and street address	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)		2018 H
Name:	Corporation Service Company			NAR 15
Office Address:	1201 Hays Street			OF PA
	Tallahassee	, Flor	32301 ida	製造し
	(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 user 'a signature)

Lynn Cannelongo, Assistant VP

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Paul M. Thrift Name: Manager Name: _____ Manager Address: ____ 901 Wabash Avenue, Suite 300 Member ☐ Member Address: _____ Terre Haute, IN 47807 Authorized Authorized Person Person Other____ Other____ Other _____ Other____ Manager Name: _____ Manager Name: _____ Member Member Address: _____ Address: Authorized Authorized Person Person Other___ Other____ Other Manager Manager Name: _____ Member 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. 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 fellony as provided for in s.817.155, F.S. Signature of an authorized person Paul M. Thrift, Manager

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "WATERMARK AT STUART FL, 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 ELEVENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WATERMARK AT STUART FL, LLC" WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2019.

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



Authentication: 202414554

Date: 03-11-19