



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2017 FEB -1 PM 12:25

Application for Registration
FOREIGN Limited Liability Company
→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
SHM Cowesett, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: Delaware		
3. The date of its organization is: 1/27/2017		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence,	State RHODE ISLAND	Zip Code 02914
5. The Department of State is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.		
6. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:		
1209 Orange St. Wilmington, DE 19801		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY AK 294764

7. The mailing address for the limited liability company is: 14785 Preston Road, Suite 975, Dallas, TX 75254											
8. Management of the Limited Liability Company: The limited liability company is managed: <input checked="" type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.) <input type="checkbox"/> By one (1) or more managers (List managers below)											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">MANAGER</th> <th style="padding: 5px;">ADDRESS</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table>	MANAGER	ADDRESS									
MANAGER	ADDRESS										
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.											
10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX											
<input checked="" type="checkbox"/> Date received (Upon filing)											
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____											
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>											
Type or Print Name of LLC	Date <div style="font-size: 1.5em; font-family: cursive;">1/31/17</div>										
Signature of Authorized Person <div style="display: flex; justify-content: space-between;"> SEE ATTACHED SIGNATURE PAGE SIGN DOCUMENT HERE </div>											

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 450 - Revised: 08/2016

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

SHM Cowesett, LLC,
a Delaware limited liability company

By: SHM BYYG Intermediate, LLC,
a Delaware limited liability company,
its sole Member

By: SHM BYYG, LLC,
a Delaware limited liability company,
its sole Member

By: Safe Harbor Marinas, LLC
a Delaware limited liability company
its sole Member

By: 
Geoffrey Miller, Authorized Person

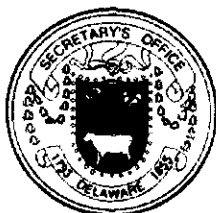
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHM COWESETT, 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2017.

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



6297728 8300

SR# 20170546431

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201960009

Date: 01-31-17