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To:

Division of Corporations

Fax Number

: (850)205-0383 .

According to the second second

Account Name : GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A.

Account Number: 076402003516 Phone: (239)514-1000

Fax Number : (

: (239)514-0377

FOREIGN LIMITED LIABILITY COMPANY

# Naples Bay Resort Holdings, LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$160.00 |

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#### TRANSMITTAL LETTER

|                | tration Section<br>ion of Corporations  |   |   |
|----------------|---|---|---|
| SUBJECT:       | Naples Bay Resort Hold  | lings, LLC  |   |
| DOP            | (   | Name of Limited Liability Company)  |   |
| Florida," Cer  | l "Application by Foreig<br>tificate of Existence, and<br>pany to transact business | n Limited Liability Company for Authorization to Transact<br>d check are submitted to register the above referenced forci<br>s in Florida | Business in<br>gn limited                   |
| Please return  | all correspondence cond   | cerning this matter to the following:   |   |
|                |   | Tara Friedman   |   |
|                |   | (Name of Person)  |   |
|                | Gra   | ant, Fridkin, Pearson, Athan & Crown, P.A.  |   |
| -              |   | (Firm/Company)  | _   |
|                |   | 5551 Ridgewood Drive, Suite 501   |   |
| -              |   | (Address)   | 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10 |
|                |   | Naples, FL 34108  | 1   |
|                | <u> </u>  | (City/State and Zip Code)   | * 82  |
| For further in | nformation concerning th  | his matter, please call:  | 04 NOV -4 AM 10: 47                         |
|                | Tara Friedman   | at ( 239 ) 514-1000   | S   |
|                | (Name of Pers   |   | ocr)  |
| STR            | EET ADDRESS:  | MAILING ADDRESS:  |   |
|                | stration Section  | Registration Section  |   |
|                | ion of Corporations   | Division of Corporations  |   |
| 409 E          | E. Gaines Street  | P.O. Box 6327   |   |
| Talla          | hassee, Florida 32399   | Tallahassee, Florida 32314  |   |
| Enclosed is a  | check for the following   | ; amount:   |   |
| <b>□ \$</b> 12 | 25.00 Filing Fee 🔲 \$130.0  | 00 Filing Fee & 日 \$155.00 Filing Fee & 又 \$160.00 Filing Fee, Certificate of Status Certified Copy of Status &                           | Certificate<br>Certified Copy               |

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Naples I                             | ay Resort Holdings, LLC   |  |
|---|---|--|
| • | (Name of Foreign Limited Liability Company)   |  |
| 2. Delawai                              | 3.  |  |
| (Jurisdiction company is o              | nder the law of which foreign limited liability (FEI number, if applicable) ganized)  |  |
| 4. October                              |   |  |
|   | (Date of Organization) (Duration; Year limited liability company will cease exist or "perpetual")   | to   |
| 6. Upon d                               | ralification  |  |
|   | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)   |  |
| 7. 365 Fifth                            | venue South, Suite 201,   |  |
| Naples, f                               | orida 34102   |  |
|   | (Street Address of Principal Office)  |  |
| 8. If limited                           | iability company is a manager-managed company, check here   |  |
|   |   |  |
| 9. The name                             | and usual business addresses of the managing members or managers are as follows:  |  |
| NBR Ma                                  | rager, LLC, 365 Fifth Avenue South, Suite 201, Naples, FL 34102   |  |
|   | ager = 20 and the Manda add add to 1, Manda 1 E a 1 lak   |  |
|   |   | 3 _ ≦  |
|   |   |  |
| -                                       |   |  |
| 10 Attrohedia                           | t<br>orlighal certificate of existence, no more than 90 days old, duly authenticated by the official having custody of  | 14.17°<br>10<br>10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
|   | torightal countrate of existence, no more than 50 days out, only anticated by the condition in a foreign language,<br>identhe law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language,          |  |
|   | certificate under eath of the translator must be submitted.)  | <b>x</b> S.  |
|   | ,   |  |
| 11. Nature o                            | business or purposes to be conducted or promoted in Florida: To engage in any lawful  | - ES   |
| act or activ                            | y for which limited liability companies may be organized.   | •  |
|   |   |  |
|   | Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) |  |
|   | Richard C, Grant  |  |
|   | Typed or printed name of signee   |  |

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| <del></del>  | Resort Holdings, LLC   |   |          |
|--|--|---|----------|
| 7 The server on  |  |   |          |
| z. The hame an   | d the Florida street   | address of the registered agent and office are:   |          |
|  | Richard C. Grant,  | Grant, Fridkin, Pearson, Alhan & Crown, P.A.  |          |
|  |  | (Name)  |          |
|  | 5551 Ridgewood D   |   |          |
|  | Florida S  | treet Address (P.O. Box NOT ACCEPTABLE)   |          |
|  | Naples,  | FL 34108  |          |
|  |  | City/State/Zip  | _        |
| liability company<br>agent and agree<br>relating to the pr | y at the place designa<br>to act in this capacit;<br>oper and complete p | ent and to accept service of process for the above stated limited that and to accept service of process for the above stated limited that the provisions of all statutes of further agree to comply with the provisions of all statutes erformance of my duties, and I am familiar with and accept the ed agent as provided for in Chapter 608, Florida Statutes. | stered 0 |
| <u> </u>   | (Signature)  |   | ا<br>ا   |

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



PAGE 1

# The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAPLES BAY RESORT HOLDINGS, 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 FIFTH DAY OF OCTOBER, A.D. 2004.



Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3393093

DATE: 10-05-04

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