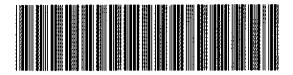
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(Requestor's Name)			
(Ac	ddress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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DESCRIPTION OF STATE

K.SALY EXAMPLER DEC. 1 8 2013

CT Corporation System

December 17, 2013

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 8992104 SO

Customer Reference 1: Cipriani Florida, LLC Customer Reference 2: FL Registration

Dear Department of State, Florida:

Please obtain the following:

Cipriani Florida, LLC (TX) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

1. Cipriani Florida, LLC	STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include	fe "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
2. Texas	801890083
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 11/26/2013 5	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	
6. (Date first transacted business in Flo. (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 3401 Far View Cove	
Austin, Texas 78730	· · · · · · · · · · · · · · · · · · ·
(Street Address of	of Principal Office)
8. If limited liability company is a manager-managed of	of Principal Office) company, check here
9. The name and usual business addresses of the mana	iging members or managers are as follows:
A.R.H. Family Partnership, Ltd. 3401 Far View Cove, Austi	n, TX 78730
10. Attached is an original contificate of existence no man than 90.	days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy	y is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be subr	
11. Nature of business or purposes to be conducted or	promoted in Florida: To engage in any lawful act or
activity for which limited liability companies may be organize	ed under the laws of the state of Texas and permitted by the
laws of the state of Florida.	
Signature of a member or an aut	horized representative of a member.
penalties of perjury that the facts stated herein are true	ation of this document constitutes an affirmation under the E. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)
James A. Williams	
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.

Cipriani Florida, LLC		316 To
If unavailable, the alternate to be used in the state of Florida is:		050
2. The name and t	e Florida street address of the registered agent and office ar	e: 5
	C T Corporation System	77
	(Name)	
	1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Pla	ntation FL 33324	
	City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By: Howard L. Volz Asst. Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John Steen Secretary of State

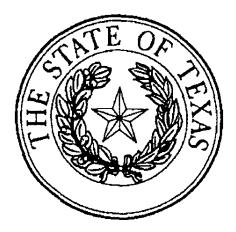
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Cipriani Florida, LLC (file number 801890083), a Domestic Limited Liability Company (LLC), was filed in this office on November 26, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 16, 2013.



Prepared by: SOS-WEB



John Steen Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 520437650003