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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	ilina Officer:	
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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 8-10-16				
ENTITY NAME:				
Zephyr Palms RV Resort LLC				
PLEASE FILE THE ATTACHED AND RETURN:				
Plain Copy				
Certified Copy				
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:				
Document Number:				
Certified Copy of Arts & Amendments				
Certificate of Good Standing				
APOSTILLE'/NOTARIAL CERTIFICATION:				
COUNTRY OF DESTINATION				
NUMBER OF CERTIFICATES REQUESTED				
TOTAL AMOUNT OWED: 155 CHECK NUMBER: 2765 PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.				
Thank you!				
Tina Goff. President				

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:

ZEPHYR PALMS RV			
(Name of Forei	gn Limited Liability Company; must include "Li	mited Liability Company," "L.L.C.," or "LLC	2.17)
If name unavailable, enter alt	ernate name adopted for the purpose of transacting	ng business in Florida. The alternate name no	ust include "Limited
.iability Company," "L.L.C,"	or "LLC.")		
Delaware	3	(FEI number, if applicable)	
company is organized)	which folesai mades mounty	(1 at namoes, 11 approvate)	
l	(Date first transacted business in Florida,	Ferior to registration	
	(See sections 605.0904 & 605.0905, F.S. to	determine penalty liability)	
7749 Normandy Boule	vard, #145		
Jacksonville, FL 32221		196	
,	(Street Address of Principal Offi		
Same as above		7 (m)	(Account)
		28	
	(Mailing Address)		
		T angestable)	
. Maine and succi addics	s of Florida registered agent: (P.O. Box NC NRAI Services, Inc.	OT acceptable)	D: 48
Name:			1 ω
Office Address:	1200 South Pine Island Road	*****	
	Plantation	, Florida 33324	
Registered agent's accep	(City)	(Zip code)	,
designated in this applica to complywith the provision	gistered agent and to accept service of proc tion, I hereby accept the appointment as re- ons of all statutes relative to the proper and my position as registered agent. NRAI Services, Inc.	gistered agent and agree to act in this co	apacity. I further agre
	By:	The state of the s	
	(Registered agent's	signature)	
8. The name, title or capa	acity and address of the person(s) who has/ha	ive authority to manage is/are:	
MHC Management Service	ces LLC, Manager, 7749 Normandy Blvd., #	145, Jacksonville, FL 32221	
			
9. Attached is a certificate	of existence, no more than 90 days old, duly	authenticated by the official having cus	tody 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	e certificate under oath
of the translator must be s	ubmitted)	4	
		Δ	
	Signature of an author	1 7	
This document is executed submitted in a document to	I in accordance with section 605.0203((1) (b) the Department of State constitutes a third of	degree felony as provided for in s.817.15	lse information 5, F.S.
	Mark J. Sulliva		
	Typed or printed name	of signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ZEPHYR PALMS RV RESORT, 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 FIRST DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZEPHYR PALMS RV RESORT, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2016.

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

Authentication: 202754180

Date: 08-01-16

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