

M220000017016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

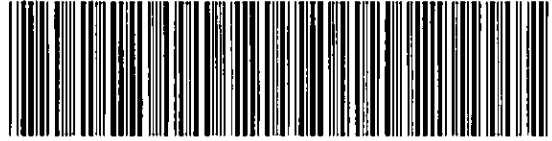
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 NOV - 8 11:34

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DEPARTMENT OF
TALLAHASSEE, FLORIDA

RECEIVED

S. ROBERTS

NOV - 8 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/8/2022

****WALK IN****

ENTITY NAME ESPLANADE RESORT EXPERIENCES, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 125.00

ACCOUNT # I2016000072



Please call Tina at the above number for any issues or concerns. Thank you so much!

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. ESPLANADE RESORT EXPERIENCES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4900 N. SCOTTSDALE ROAD
(Street Address of Principal Office)
SUITE 2000
SCOTTSDALE, AZ 85251

6. 4900 N. SCOTTSDALE ROAD
(Mailing Address)
SUITE 2000
SCOTTSDALE, AZ 85251

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENT SOLUTIONS, INC.
Office Address: 155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, Florida 32301
(City) (Zip code)

2022 NOV -8 PM 11:34

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 agent's signature) Adam Saldana, Assistant Secretary

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]:

Title or Capacity: **Name and Address:**
 Manager Name: Taylor Morrison Services, Inc.
 Member Address: 4900 N. Scottsdale Road
 Authorized Suite 2000
 Person Scottsdale, AZ 85251
 Other _____ Other _____

Title or Capacity: **Name and Address:**
 Manager Name: Cammie Longenecker
 Member Address: 551 North Cattlemen Rd.
 Authorized Suite 200
 Person Sarasota, FL 34232
 Other ^{President} _____ Other _____

Manager Name: Michelle Campbell
 Member Address: 551 North Cattlemen Rd.
 Authorized Suite 200
 Person Sarasota, FL 34232
 Other ^{Vice President} _____ Other _____

Manager Name: Elizabeth ("Liz") Thompson
 Member Address: 551 North Cattlemen Rd.
 Authorized Suite 200
 Person Sarasota, FL 34232
 Other ^{Vice President} _____ Other _____

Manager Name: Caroline G. Estrada
 Member Address: 4900 N. Scottsdale Road
 Authorized Suite 2000
 Person Scottsdale, AZ 85251
 Other ^{Asst. Secretary} _____ Other _____

Manager Name: Christy A. McNeil
 Member Address: 6440 Oak Canyon
 Authorized Suite 200
 Person Irvine, CA 92618
 Other ^{Asst. Secretary} _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 felony as provided for in s.817.155, F.S.

CMcNeil

Signature of an authorized person

Christy A. McNeil

Typed or printed name of signer

ATTACHMENT TO
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY
FOR
ESPLANADE RESORT EXPERIENCES, LLC

ADDITIONAL OFFICERS/AUTHORIZED AGENTS

Louis ("Lou") E. Steffens CFO, Executive Vice President
4900 N. Scottsdale Road
Suite 2000
Scottsdale, AZ 85251

Darrell C. Sherman Secretary, Executive Vice President, Chief Legal Officer
4900 N. Scottsdale Road
Suite 2000
Scottsdale, AZ 85251

S. Todd Merrill Assistant Secretary, Vice President
3030 N. Rocky Point Dr.
Suite 710
Tampa, FL 33607

Nathan Stith Authorized Agent – Active Lifestyle Brand
28100 Bonita Grande Drive
Suite 102
Bonita Springs, FL 34135

Christina Grayson Vice President
551 N Cattlemen Rd
Suite 200
Sarasota, FL 34232

Delaware

The First State


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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ESPLANADE RESORT EXPERIENCES, 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 TWENTY-SIXTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESPLANADE RESORT EXPERIENCES, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

7103310 8300

SR# 20223863595

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

Authentication: 204706419

Date: 10-26-22