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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2014 MAR 20 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 28 AM 10:02

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K. SALY
EXAMINER
APR - 2 2014

Handwritten signature and date: 2/14/2014

CT Cooperation System

April 1, 2014

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

RECEIVED
2014 APR - 1 AM 11:14
TO APPOINTMENT
SUFFICIENCY OF FILING

Re: Order #: 9096088 SO
Customer Reference 1: Cipriani Florida Two
Customer Reference 2: FL Registration

Dear Department of State, Florida :

Please obtain the following:

Cipriani Florida Two, 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

RE-SUBMIT
Please retain original filing
date of submission 3/28



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2014

CT CORPORATION SYSTEM

SUBJECT: CIPRIANI FLORIDA TWO, LLC
Ref. Number: W14000020182

We have received your document for CIPRIANI FLORIDA TWO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 014A00006762

RE-SUBMIT

Please retain original filing
date of submission 3/28

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cipriani Florida Two, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

James A. Williams

Name of Person

Hughes Vanderburg Williams & Bartoletti

Firm/Company

401 Congress Avenue, Suite 2424

Address

Austin, TX 78701

City/State and Zip Code

jwilliams@hvwlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Williams

Name of Contact Person

at (512)

Area Code

480-0097

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

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

1. Cipriani Florida Two, 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. Texas 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 3401 Far View Cove
Austin, Texas 78730
(Street Address of Principal Office)

6. _____


(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Lisa S. Harris, Manager, 3401 Far View Cove, Austin, TX 78730

Christine Karpinski, Manager, 7317 Via Correto Dr., Austin, TX 78749

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

James A. Williams

Typed or printed name of signee

FILED
2014 MAR 28 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Cipriani Florida Two, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

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 605, Florida Statutes.

By: C T Corporation System

(Signature)

Connie Bryan

Connie Bryan
Assistant Secretary

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

FILED
2014 MAR 28 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 Two, LLC (file number 801948481), a Domestic Limited Liability Company (LLC), was filed in this office on March 07, 2014.

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 March 27, 2014.



NANDITA BERRY

Nandita Berry
Secretary of State