

TO:

Registration Section

Division of Corpor	rations						
SUBJECT: Grand Pa	cific Resort	s Inc.					
			n - must include suff	fix)		_	
Dear Sir or Madam:							
The enclosed "Application "Certificate of Existence", to transact business in Flor	and check are sul	oration for a	Authorization to Tra egister the above ref	nsact Busi erenced fo	iness in Florida", preign corporation		
Please return all correspon	dence concerning	this matter	to the following:				
David S.Brown, Co	-President						
		(Name of	Person)				=
Grand Pacific Res	orts Inc.			700	ogşo4os	337-	<u>_</u>
5900 Pasteur Ct.,	#200	(Firm/Con	mpany)	,	<del>-03/04/0201</del> *****78.75	日   C==L  ******	- <b>-</b>
		(Addr	ess)		7	,	<u>1</u> - 7 - 1
Carlsbad, CA 920	008		-		ALL.	22	
	(	City/State a	nd Zip code)		AHAS		
For further information concerning this matter, please call:							(ED
David S. Brown		760 (	431-8500		LORID	3: 59	
(Name of Person)		(Area (	Code & Daytime Tel	ephone N	umber)		
STREET ADDRESS:		·	MAILING ADDR	RESS:	F02-	1180	$\theta$
Registration Section			Registration Section			0	
Division of Corporations 409 E. Gaines St.	-	-	Division of Corpor P.O. Box 6327	rations	$\Box$	<u> </u>	
Tallahassee, FL 32399			Tallahassee, FL 3	2314	-0		
Enclosed is a check for the	following amour	ıt:					
☐ \$70.00 Filing Fee	\$78.75 Filing F Certificate of S		\$78.75 Fiting Fee of Certified Copy	*	87.50 Filing Fee, Certificate of State Certified Copy	us &	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.					
Grand Pacific Resorts, Inc.					
<ol> <li>(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)</li> </ol>		*- 2-			
2Cālif					
(State or country under the law of which it is incorporated) (FEI number, if applicable)		٠,			
4. 11/22/1995 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")	_				
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")					
6. Upon qualification	3.5	٠.			
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)					
5900 Pasteur Ct., #200, Carlsbad, CA 92008					
(Principal office address)	. #T	. 413			
Same					
(Current mailing address)					
8. Resort development, financial services					
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	MAR R				
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	MAR -4	FILED			
Name: NRAI Services, Inc.	3	Ö			
Office Address: 526 E. Park Ave.	યુ: 59				
Tallahassee , Florida 32301 > (City) (Zip code)					
(City) (Zip code)					
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capt further agree to comply with the provisions of all statutes relative to the proper and complete performance of a duties, and I am familiar with and accept the obligations of my position as registered agent.	icity.	į			
Hanita Mahanuf Juanita Mahoney, Ass't Sec.  (Registered agents signature) + Title 3/01/02		· · · · · ·			
(Registered agents signature) + TiTLL 3/01/02	_				

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Chairman: \_ Address: \_ Vice Chairman: \_\_\_\_ Address: \_ Director: \_\_ Address: Director: \_\_ Address: \_\_ **B. OFFICERS** David S. Brown Co-President: 5900 Pasteur Ct., #200 Address: Carlsbad, CA 92008 -Vice President: Timothy J. Stripe 5900 Pasteur Ct., #200 Address: Carlsbad, CA 92008 David S. Brown Secretary: \_\_\_\_ 5900 Pasteur Ct., #200, Carlsbad, CA 92008 Address: Timothy J. Stripe Treasurer: 5900 Pasteur Ct., #200, Carlsbad, CA 92008 Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. \_\_\_ (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) GRAND PACIFIC RESORTS, INC., General Partner David S. Brown, Co-President

(Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:



## SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 18TH day of AUGUST, 1993, GRAND PACIFIC RESORTS, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 13, 2002.

BILL JONES Secretary of State