

(Requestor's Name)				
(Address)				
(·······				
(Address)				
(2) (2) (2) (2)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
•				
(Document Number)				
(Document Number)				
•				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
1-005 1000 1				
received cos 10/31/11 mes				
Office Use Only				



10/27/11--01008--026 **87.50

COVER LETTER

TO:	New Filing Section Division of Corporations					
SUBJ	ECT:	Grand P	acific Development	, Inc.		
			Name of	corporat	tion - must include suffix	
Dear S	ir or M	adam:				
"Certif	icate o	f Existenc		f Good S	for Authorization to Transact Standing" and check are subm siness in Florida.	
Please	return	all corresp	ondence concerning	g this ma	atter to the following:	
Beth Q	uinette	?				
			•	Name	of Person	
Grana	l Pacifi	ic Develop	ment, Inc.			
				Firm/C	Company	
5900 i	Pasteui	r Court St	e 200		·	
				A	ddress	
Carlsb	ad CA	92008				
				City/Sta	te and Zip code	
bquine	ette@gp	resorts.co				
			E-mail address:	to be us	ed for future annual report no	tification)
For fur	ther in	formation	concerning this mat	ter, plea	se call:	
Beth Q	uinette	?	ai	t (760	827-4111	
	Nam	e of Perso		·	rea Code & Daytime Telephor	ne Number
	New Divis Clifto 2661	Filing Sec ion of Cor on Building	porations g Center Circle		MAILING AD New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	ion porations
Enclos	ed is a	check for	the following amou	nt:		
□ ^{s7}	70.00 F	iling Fee	\$78.75 Filing I Certificate of		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2011

BETH QUINETTE GRAND PACIFIC DEVELOPMENT, INC. 5900 PASTEUR COURT, STE 200 CARLSBAD, CA 92008

SUBJECT: GRAND PACIFIC DEVELOPMENT, INC.

Ref. Number: W11000055261

We have received your document for GRAND PACIFIC DEVELOPMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Letter Number: 411A00024654

Ruby Dunlap Regulatory Specialist II

www.sunbiz.org

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.

<i>n/a</i> (If name unavail	able in Florida, enter alternate cornorate na	ame adopted for the purpose of transacting business in Florida)
•	•	
State of Califo	under the law of which it is incorporated)	3. 83-0432202 (FEI number, if applicable)
December 17,		5. perpetual
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
October 15, 20	•	
	(Date first transacted busine	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
Hilton Grand V	acations, 11272 Desforges Avenue, Si	uite 400, Orlando, Florida 32836
1	(Principal office	
5900 Pasteur C	ourt Ste 200, Carlsbad CA 92008	
	(Current mailing	address)
General Partn	er of Grand Pacific Carlsbad, L.P Ti	imeshare Sales
(Purpose(s	e) of corporation authorized in home state o	or country to be carried out in state of Florida)
(Purpose(s		or country to be carried out in state of Florida)
(Purpose(s	e) of corporation authorized in home state o	or country to be carried out in state of Florida)
(Purpose(s)). Name and street	et address of Florida registered agent: (or country to be carried out in state of Florida)
(Purpose(s	et address of Florida registered agent: (CT Corporation System 1200 South Pine Island Road	or country to be carried out in state of Florida)
(Purpose(s)). Name and street	et address of Florida registered agent: (CT Corporation System 1200 South Pine Island Road Plantation	or country to be carried out in state of Florida)
(Purpose(s) Name and street Name: Office Address:	et address of Florida registered agent: (CT Corporation System 1200 South Pine Island Road Plantation (City)	or country to be carried out in state of Florida)
(Purpose(s) Name and street Name: Office Address: 0. Registered a	et address of Florida registered agent: (CT Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance:	P.O. Box NOT acceptable) Florida 33324 (Zip code)
(Purpose(s) Name and street Name: Office Address: O. Registered application of the street in this	et address of Florida registered agent: (CT Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: led as registered agent and to accept se application, I hereby accept the appoi	P.O. Box NOT acceptable) Florida 33324 (Zip code) Privice of process for the above stated corporation in the plantment as registered agent and agree to act in this capacitation.
(Purpose(s) Name and street Name: Office Address: Registered application to this in this in the care to comment to the care to	et address of Florida registered agent: (CT Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: sed as registered agent and to accept se application, I hereby accept the appointments of all statutes	P.O. Box NOT acceptable) Florida 33324 (Zip code) Privice of process for the above stated corporation in the plantment as registered agent and agree to act in this capacity relative to the proper and complete performance of my
(Purpose(s)). Name and street Name: Office Address: O. Registered application that is in the control of the c	et address of Florida registered agent: (CT Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: led as registered agent and to accept se application, I hereby accept the appoi	P.O. Box NOT acceptable) Florida 33324 (Zip code) Privice of process for the above stated corporation in the plantment as registered agent and agree to act in this capacity relative to the proper and complete performance of my
(Purpose(s)). Name and street Name: Office Address: O. Registered application that is in the control of the c	et address of Florida registered agent: (CT Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: sed as registered agent and to accept se application, I hereby accept the appointments of all statutes	P.O. Box NOT acceptable) Florida 33324 (Zip code) Privice of process for the above stated corporation in the plantment as registered agent and agree to act in this capacity relative to the proper and complete performance of my
(Purpose(s) Name and street Name: Office Address: Registered application to this in this in the care to comment to the care to	et address of Florida registered agent: (CT Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: sed as registered agent and to accept se application, I hereby accept the appointments of all statutes	P.O. Box NOT acceptable) Florida 33324 (Zip code) Privice of process for the above stated corporation in the plantment as registered agent and agree to act in this capacity relative to the proper and complete performance of my

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.

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

A. DIRECTORS

F	ì	E	0

AN DIRECTORS	
Chairman: Co-Chairman - Timothy J. Stripe	11 OCT 31 AM II: 19
Address: 5900 Pasteur Court Suite 200	SECRETARY OF STATE
Carlsbad, CA 92008	TALLAHASSEE. FLORIDA
Vice Chairman: Co-Chairman - David S. Brown	
Address: 5900 Pasteur Court Suite 200	
Carlsbad, CA 92008	
Director: n/a	
Address:	
Director: n/a	
Address:	
B. OFFICERS	
President: Co-President - Timothy J. Stripe	
Address: 5900 Pasteur Court Suite 200	
Carlsbad, CA 92008	
Vice President: Co-President - David S. Brown	
Address: 5900 Pasteur Court Suite 200	
Carlsbad, CA 92008	
Secretary: David S. Brown	
Address: 5900 Pasteur Court Suite 200, Carlsbad, CA 92008	
Treasurer: CFO - Timothy J. Stripe	
Address: 5900 Pasteur Court Suite 200, Carlsbad, CA 92008	
NOTE: of necessary, you may attach an addendum to the application	on listing additional officers and/or directors.
13. Signature of Director or	Officer
The officer or director signing this document (and who is listed in n are true and that he or she is aware that false information submitted third degree felony as provided for in s.817.155, F.S.	number 12 above) affirms that the facts stated herein

14. David S. Brown, Secretary

State of CaliforniaSecretary of State

CERTIFICATE OF STATUS

FILED

11 OCT 31 AM 11: 19

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ENTITY NAME:

GRAND PACIFIC DEVELOPMENT, INC.

FILE NUMBER:

C2385970

FORMATION DATE:

12/17/2001

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 16, 2011.

DEBRA BOWEN Secretary of State