

F16000002115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

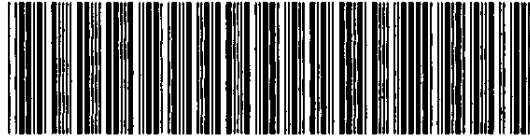
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/01/16--01025--028 **70.00

16 MAY -6 PM 4:36
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TALLAHASSEE, FLORIDA

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REC'D MAIL

2016 MAY -6 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2016

MIRIAM DAY, CORPORATE PARALEGAL
ONE VANCE GAP ROAD
ASHEVILLE, NC 28805

SUBJECT: RESORT HOSPITALITY SOLUTIONS, INC
Ref. Number: W16000015410

We have received your document for RESORT HOSPITALITY SOLUTIONS, INC and your check(s) totaling \$70.00. 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.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 316A00004314

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Resort Hospitality Solutions, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Miriam Day, Corporate Paralegal

Name of Person	
Zealandia Holding Company, Inc.	
Firm/Company	
One Vance Gap Road	
Address	
Asheville, NC 28805	
City/State and Zip code	
mday@zhcompany.com	
E-mail address: (to be used for future annual report notification)	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Miriam Day, Corporate Paralegal	828	348-2505, ext. 4312
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

1. Resort Hospitality Solutions Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 47-4651391
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/24/2015 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. _____
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Vance Gap Road, Asheville, NC 28805
 (Principal office address)

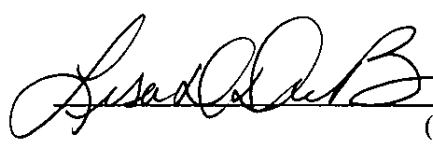
_____ (Current mailing address, if different)

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

Name: NRAI Services, Inc.
 Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
 (City) (Zip code)

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 TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation 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.

 **Lisa DuBois**
Asst. Secretary
 (Registered agent's signature)

10. 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.

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

A. DIRECTORS

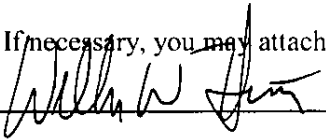
- Director William W. Horton, III
~~XXXXXX~~
Address: One Vance Gap Road
Asheville, NC 28805
- Director Scott C. Styron
~~XXXXXXXX~~
Address: One Vance Gap Road
Asheville, NC 28805
- Director Dennis Patenotte
Address: One Vance Gap Road
Asheville, NC 28805
- Director H. Catherine Claussen
Address: One Vance Gap Road
Asheville, NC 28805

B. OFFICERS

- CEO & President William W. Horton, III
Address: One Vance Gap Road
Asheville, NC 28805
- COO Scott C. Styron
~~XXXXXXXX~~
Address: One Vance Gap Road
Asheville, NC 28805
- Secretary H. Catherine Claussen
Address: One Vance Gap Road, Asheville, NC 28805
- Treasurer Dennis Patenotte
Address: One Vance Gap Road, Asheville, NC 28805

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. William W. Horton, III, CEO/President
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESORT HOSPITALITY SOLUTIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MARCH, A.D. 2016.

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SECRETARY OF STATE
TALLMANSSET, FLENDIA




Jeffrey W. Bullock, Secretary of State

5788998 8300

SR# 20161686908

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

Authentication: 202005723

Date: 03-18-16