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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

FOREIGN PROFIT/NONPROFIT CORPORATION

Xanterra Parks & Resorts, Inc.

AUG 19

Certificate of Status	0
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Page Count	04
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Help

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.

·	& Resorts, Inc.		
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	11
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting	business in Florida)
Delaware		3-2735034	,
(State or countr	y under the law of which it is incorporated)	(FEI number, if appl	icable)
08/15/1965	5.		
(Date	of incorporation)	(Date of duration, if other the	an perpetua!)
			<u> </u>
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1501	florida, if prior to registration) 2. F.S., to determine negative liability)
6312 S Fiddlers	Green Circle, Suite 600 North, Greenwood Villa		, ~
(Principal office street address)			
			\ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>
	(Current mailing	address, if different)	٠ '٠
Name and stree	et address of Florida registered agent: (P.O.)	Box NOT acceptable)	´ 5
Name:	C T Corporation System		
ffice Address:	1200 South Pine Island Road		
	Plantation		
	(City)	(Zip code)	

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.

Crystle Stevenson, 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.

To: +18506176383 ·

A. DIRECTORS Kirk H. Anderson Andrew N. Todd □Chairman Chairman 6312 S Fiddlers Green Circle 6312 S Fiddlers Green Circle □Vice Chairman Address: □ Vice Chairman Address: Suite 600 North Suite 600 North **■** Director □ Director Greenwood Village CO 80111 Greenwood Village CO 80111 □ President R President □ Vice President □ Vice President Treasurer □Treasurer □ Secretary Secretary Chief Legal Officer Cther □Other _____ □Other _____ Lonnie S. Clark Chairman Chairman Name: ______ 6312 S Fiddlers Green Circle □Vice Chairman □ Vice Chairman Address: Address: Suite 600 North □ Director Director Greenwood Village CO 80111 □President [] President □Vice President □Vice President □ Secretary Treasurer □ Secretary **■** Other _ □Other _____ DOther ____ □Chainnan Name: □Cluirman □ Vice Chairman □Vice Chairman Address: □ Director □Director **□Presidem** □ President □ Vice President □Vice President C Secretary ☐Treasurer 2 Secretary □Treasurer □Other □Other _____ □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.

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.

Kirk H Anderson, Chlef Legal Officer & Secretary

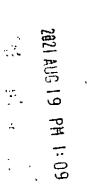


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XANTERRA PARKS & RESORTS, 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 AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



644806 8300 SR# 20213019317 Authentication: 203954111 Date: 08-18-21

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