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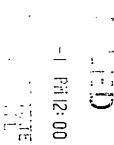
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S. HAWKES MAR - = 2021

COVER LETTER

TO:	Registration Section Division of Corporations
CHDE	ECT: CLL Social Club, Inc.
SODI	Name of Corporation – must include suffix
Dear S	ir or Madam:
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	William A. Boatwright, Attorney
	Name of Person
	Dentons Davis Brown PC
	Firm/Company
	215 10th Street, Stc. 1300
	Address
	Des Moines, IA 50309
	City/State and Zip Code
	bill.boatwright@dentons.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Willia	m A. Boatwright 515 288-2500
_	Name of Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee S78.75 Filing Fee S78.75 Filing Fee S78.75 Filing Fee, Certificate of Status Certified Copy Certificate Of Status S78.75 Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

	•	
(If name unava	ilable in Florida, enter alternate	corporate name adopted for the purpose of transacting business in Florida)
Т		74 3873707
Texas	arry under the law of which it is	incorporated) (FEI number, it applicable)
//a(CH 20, 199	Date of Incorporation)	5. (Date of duration, if other than perpetual)
\-	,,	
Date first cond	ucted affairs in Florida if prior to	registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability
	·	
400 Locust Str	eet, Suite 820, Des Moines, IA	
		(Principal office street address)
	((Current mailing address, if different)
		•
O	al alich far angidente of retiremen	at communities
Operate a socia	al club for residents of retiremen	nt communities
Operate a social	al club for residents of retirement corporation authorized in home	nt communities state or country to be carried out in the state of Florida)
Purpose(s) of	corporation authorized in home	state or country to be carried out in the state of Florida)
Purpose(s) of	corporation authorized in home eet address of Florida registe	state or country to be carried out in the state of Florida) red agent: (P.O. Box NOT acceptable)
Purpose(s) of Name and str	corporation authorized in home eet address of Florida registe	state or country to be carried out in the state of Florida) red agent: (P.O. Box NOT acceptable)
Purpose(s) of Name and str Name:	corporation authorized in home eet address of Florida registe Cogency Global, Inc.	state or country to be carried out in the state of Florida) red agent: (P.O. Box NOT acceptable)
Purpose(s) of Name and str Name:	corporation authorized in home eet address of Florida registe Cogency Global, Inc.	state or country to be carried out in the state of Florida) red agent: (P.O. Box NOT acceptable)
Purpose(s) of Name and <u>str</u> Name:	corporation authorized in home eet address of Florida registe Cogency Global, Inc.	state or country to be carried out in the state of Florida) red agent: (P.O. Box NOT acceptable)
Purpose(s) of Name and str Name:	corporation authorized in home eet address of Florida registe Cogency Global, Inc.	state or country to be carried out in the state of Florida) red agent: (P.O. Box NOT acceptable)
Purpose(s) of Name and str Name: Name: fice Address:	Corporation authorized in home eet address of Florida registe Cogency Global, Inc. 115 N. Calhoun St., Ste. 4 Tallahassee (City)	state or country to be carried out in the state of Florida) red agent: (P.O. Box NOT acceptable)
Purpose(s) of Name and str Name: fice Address:	Corporation authorized in home cet address of Florida registe Cogency Global, Inc. 115 N. Calhoun St., Ste. 4 Tallahassee (City) I agent's acceptance: med as registered agent and	state or country to be carried out in the state of Florida) red agent: (P.O. Box NOT acceptable)
Purpose(s) of Name and str Name: fice Address: Registered wing been no	corporation authorized in home eet address of Florida registe Cogency Global, Inc. 115 N. Calhoun St., Ste. 4 Tallahassee (City) I agent's acceptance: amed as registered agent and as application. I hereby acceptance.	state or country to be carried out in the state of Florida) red agent: (P.O. Box NOT acceptable)
Purpose(s) of Name and str Name: fice Address: Or Registered wing been no signated in the other agree to	corporation authorized in home eet address of Florida registe Cogency Global, Inc. 115 N. Calhoun St., Ste. 4 Tallahassee (City) I agent's acceptance: amed as registered agent and as application, I hereby acceptancy comply with the provisions	state or country to be carried out in the state of Florida) red agent: (P.O. Box NOT acceptable)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

the second second

A. DIRECTOR	Joel Nelson		. Chris Bird			
□Chairman	Name: 400 Locust St. Ste. 820	Chairman	Name:			
□Vice Chairman	Address: Des Moines, IA 50309	□Vice Chairman	Address: Des Moines, IA 50309			
Director		■ Director				
■ President		□President				
□Vice President		■ Vice President				
□Secretary	□Treasurer	☐ Secretary	Treasurer			
Other:	Other:	Other:	Other:			
□ Chairman	Diane Bridgewater	□Chairman	Name:			
□Vice Chairman	Address: 400 Locust St. Ste. 820	□Vice Chairman	Address:			
Director	Des Moines, IA 50309	Director	Des Moines, 1A 50309			
□President		□ Pr e sident				
□Vice President		□Vice President				
■ Secretary	Treasurer	Secretary	Treasurer			
Other:	Other:	Other:	Other:			
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		☐ President				
□Vice President		□Vice President				
Secretary	☐Treasurer	□Secretary	□Treasurer			
□Other:	☐ Other:	Other:	Other:			
NOTE: 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. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. (Typed or printed name and capacity of person signing application)						
	(Typed or printed name and capacity	ot person signing applicat	ion)			

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



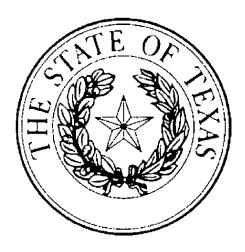
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on February 18, 2022, WATER TROUGH, INC., a Domestic Nonprofit Corporation (file number 148460801), changed its name to CLL Social Club, Inc..

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 07, 2022.



John B. Scott Secretary of State