## LUO 000005495

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

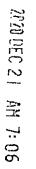
Office Use Only

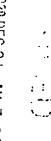


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## COVER LETTER

Registration Section

Division of Corporations

TO:

RH RESORTS, LLC	
SUBJECT: Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
CAROL ZMUDA	
Name of Person	<del></del>
ROSEN HOTELS & RESORTS, INC.	
Firm/Company	<del>_</del>
4000 DESTINATION PARKWAY	
Address	<del></del>
ORLANDO, FL 32819	
City/State and Zip Code	
CZMUDA@ROSENHOTELS.COM	
E-mail address: (to be used for future annua	ıl report notification)
For further information concerning this matter, please	e call:
CAROL ZMUDA	407 996-9840
Name of Person	at () 996-9840 Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority: FIRST: The name of the limited liability company is: RH RESORTS, LLC SECOND: The Florida Document Number of the limited liability company is: 1.00000005495 THIRD: The street address of the limited liability company's principal office is: 4000 DESTINATION PARKWAY ORLANDO, FL 32819 The mailing address of the limited liability company's principal office is: 4000 DESTINATION PARKWAY ORLANDO, FL 32819 FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following: 1. May execute an instrument transferring real property held in the name of the company. Granted to: HARRIS ROSEN - MANAGER FRANK A. SANTOS - MANAGER b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: HARRIS ROSEN - MANAGER FRANK A. SANTOS - MANAGER No authority granted to: FRANK A. SANTOS - MANAGER

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

Typed or printed name of signature

gnature of authorized representative