

L17000 232193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

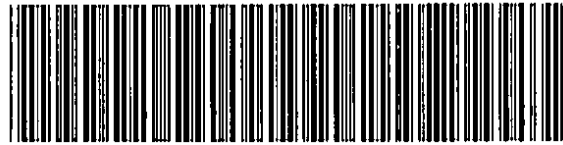
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 905800 81514A
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 155.00

ORDER DATE : November 9, 2017

ORDER TIME : 9:58 AM

ORDER NO. : 905800-005

CUSTOMER NO: 81514A

DOMESTIC FILING

NAME: SHADYOAKS RESORT, LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

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CANADA

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The Name of the Limited Liability Company is: SHADY OAKS RESORT, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

- a: Mailing Address: c/o Wolfson & Associates, 2801 N. University Drive, Suite 306,
Coral Springs, FL 33065
- b: Street Address: c/o Wolfson & Associates, 2801 N. University Drive, Suite 306,
Coral Springs, FL 33065

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

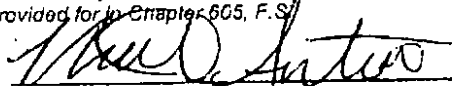
Nicole Antonio
Name

c/o Wolfson & Associates

2801 N. University Dr., Suite 306
Florida street address (Post Office Box NOT acceptable)

Coral Springs, FL 33065
City, State and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature

ARTICLE IV – Management (Check applicable box)

- ☒ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.
- ☐ The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

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ARTICLE V -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

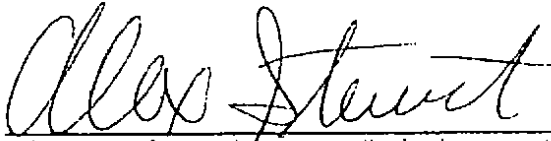
MGR

Alexander G. Stewart
c/o Wolfson & Associates
2801 N. University Drive, Suite 306
Coral Springs, FL 33065

ARTICLE VI: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.



Signature of a member or an authorized representative of a member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Alexander G. Stewart

Typed or printed name of signee

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FLORIDA