10000621

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

700003190827--3 -03/31/00--01001--019 ****125.00 ****125.00

CORPORATION(S) NAM	ME	
		SE O MA
Epic Travel, LLC		PARISO PH
		<u> </u>
		58 A
() Profit () Nonprofit	() Amendment	() Merger
(x) Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership (x) LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up
Name Availability Document Examiner Updater Verifier Acknowledgement W.P. Verifier	03/30/00	RECEIVEL 00 MAR 30 PM 3 JULPANIMINI OF STI JUNISION OF GGRPORA TALLAHASSEE, FLOR

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Epic Travel, LLC					
	(Name of foreign limited liability com "L.C." if not so contained in the name	pany must end at present.)	d with the words "li	mited company" o	r their abbreviatio	n
2	Delaware		3 23	-2971528		
	(Jurisdiction under the law of which fo company is organized)	oreign limited		El number, if appl	licable)	_
4.	June 26, 1998	5	Perpetu	al		
	(Date of Organization)		(Duration: Year cease to exist or	limited liability co 'perpetual")	mpany will	MAR 30 PM
6.	upon qual.				्राप्ट इस्ट	A PE ED
	(Date first transacted bus	siness in Flori	da. (See sections 6	08.501, 608.502 ar	id 817.155, F.S.)	57 F. 57
7.	1150 First Avenue, Suite	900	·			
	King of Prussia, PA 1940	06			-	
		(Street add	dress of principal offi	ce)		
8.	List name, title, and business addivil manage the foreign limited li NAME & ADDRESS:	ress of each lability comp	managing memb pany in Florida: NAME & Al	(attach additiona	al page if neces] who sary)
	NAME & ADDRESS:	IIILE:	DAME & AI	DURESS:	TITLE:	
	Epic Resorts, LLC	MGRM				
	1150 First Avenue					
	Suite 900		·			
	King of Prussia, PA 1940	06				
		≅ _n				1.
				····		
						-
	·			······································		

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

(FL057 - 4/23/98)

OD MAR 30 PM 4: 58
SEGRETARY OF STATE
TAIT AHASSEE, FLORIDA

Signature of a member or authorized repr

Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Thomas F. Flaltey

Typed or printed name of signee

Filing Fee: \$250.00 for Application and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	First a Transia. LLC		
	Epic Travel, LLC		
2.	The name and the Florida street address of the registered agent and office are:	SECRETA TALLAHA	F1L
	C T CORPORATION SYSTEM	O PH	
	(Name)		<u>구</u> []
	(a. santay)	S	- -
	7000 5 11 71 5 7 7 7		: 5g
	1200 South Pine Island Road	DA A	CO CO
	Florida street address (P.O. Box NOT ACCEPTABLE)		
	Plantation FL 33324	-	
	(City/State/Zip)		
uabu	ng been named as registered agent and to accept service of process for the above s ity company at the place designated in this certificate, I hereby accept the appoint	mont as	rogistoron
ageni relati	and agree to act in this capacity. I further agree to comply with the provisions of the proper and complete performance of my duties, and I am familiar with an attions of my position as registered agent.	f all stat	11108
	CORPORATION SYSTEM		
	onnie Bum		
	(Signature)		
((Signature) DNNIE Brynn, Special Asst. Secy.		
	0 , 1		

Filing Fee: \$35 for Designation of Registered Agent

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EPIC RESORTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF MARCH, A.D. 2000.

AND I DO HEREEY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Edward J. Freel, Secretary of State

2916077 8300

AUTHENTICATION:

0350276

001161905

DATE:

03-30-00