MAMAAA	GO 11 21 6.
Platinum Reserts LLC.  Requester's Name	
401 Center Pointe Cir Ste 1533 Address	
Altamonte Spys Fl 32701 City/State/Zip / Phone #	·
	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUM	BER(S), (if known):
	<del></del>
1	800003191538— <u>4</u> -09/31/00—01049—007

1. (Corporation Name)	8:00031915384 -03/31/0001049007 (Document#) ****105.00 ****105.00
2. (Corporation Name)	(Document #) 80003191538—4 -03/31/0001049008 *****55.00 ******55.00
(Corporation Name)	(Document #) W -9074
4. (Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait  NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	Certified Copy  Photocopy Certificate of Status  AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

**Examiner's Initials** 



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 5, 2000

PLATINUM RESORTS LLC 401 CENTER POINT CIR, STE 1533 ALTAMONTE SPRINGS, FL 32701

SUBJECT: PLATINUM RESORTS, LLC

Ref. Number: W00000009074

We have received your document for PLATINUM RESORTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 300A00018625

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# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 25, 2000

PLATINUM RESORTS LLC 401 CENTER POINT CIR, STE 1533 ALTAMONTE SPRINGS, FL 32701

SUBJECT: PLATINUM RESORTS, LLC

Ref. Number: W00000009074

We have received your document for PLATINUM RESORTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 500A00022489

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AU-THORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

PLATINUM RESORTS, LLC			" ar thair alabe	
(Name of foreign limited liability co "L.C." if not so contained in the nat	mpany must end with the ne at present. Please N	e words infilled company lote: L.L.C. is not an acce	ptable suffix in	Fiorida.)
STATE OF DELAWARE		3 · 59–36299	26	
(Jurisdiction under the law of whic company is organized)	h foreign limited liability	3. 59-36299 (FEI number	, if applicable)	•
FEBRUARY 23, 2000	5. PER	PETUAL : Year limited liability com	nany will coast	to avist
(Date of Organization)	or pen	etual")	5411Y 122 0000	
UPON AUTHORIZATION				
(Date first transacted business i	n Florida. (See sections 609	.501, 608.502, and 817.155, F.S.	) 5√40 (	00
376 ZINNIA DRIVE			The second secon	
CASSELBERRY, FL 32707			1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· · ·
(Street	address of principal offi	ce)		
List and indicate in title space member[MGRM] or manage (attach additional page if necessar	r(MGR). It is not ne yl	cessary to list membe	rs. E	নিঁ≎ ∙
NAME & ADDRESS:	TITLE:	NAME & ADD	RESS:	TITLE:
Thomas PLAY	GM	40/ cente	y Pointe	-
401 Center Poi		cittle#153)	2	<del></del>
Circle suite #	_		<u> </u>	
				•
Altamonte Spring	SFC.Sacol		· · · · · · · · · · · · · · · · · · ·	
•				

# 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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is:  PLATINUM RESORTS, LLC	<u>c</u>
2. The name and address of the registered agent and office is:	
TOM LAY	2a 8
(Namo)	
376 ZINNIA DRIVE	The state of the s
(P.O. Box or Mail Drop Box NOT acceptable) CASSELBERRY, FL 32707	
(City/State/Zip)	15 48 16 48
Having been named as registered agent and to accept service of process limited liability company at the place designated in this certificate, I hereby ment as registered agent and agree to act in this capacity. I further agree provisions of all statutes relating to the proper and complete performance ann familiar with and accept the obligations of my position as registered ag	y accept the appoint- to comply with the of my duties, and l
$\sim$ 1	23-2000

#### 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 "PLATINUM 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 FIFTH DAY OF JUNE, A.D. 2000.

TAL STATE OF THE S

3181373 8300

001284082

Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

06-05-00

DATE