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Mirage Polo LLC
12230 Forest Hill Blvd.
Ste 159
Wellington, FL 33414

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) 260003412352 -- 9
10/3/06 -- 01021 -- 004
x 160.00 x 160.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4mth
10/6

Examiner's Initials

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

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

1. Mirage Polo, LLC
(Name of foreign limited liability company)
2. Massachusetts
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 020 80 1292
(FEI number, if applicable)
4. December 11, 1997
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. JAN 2000
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. ~~2133 Polo Gardens Drive, No. 102~~ 12230 FOREST HILL BLVD. STE 159
~~Wellington, FL 33414~~ WELLINGTON, FL 33414
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:


Sophia Anna Martin, Manager

2133 Polo Gardens Drive, No. 102, Wellington, FL 33414

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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: polo related investments
and to engage in any lawful act or activity for which a company may be organized in FL


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

Sophia Anna Martin, Manager

Typed or printed name of signee

MIRAGE POLO, LLC

**WRITTEN CONSENT OF
A MAJORITY IN INTEREST OF THE MEMBERS**

The undersigned, constituting a Majority in Interest (as defined in the Operating Agreement of Mirage Polo, LLC) of the Members of Mirage Polo, LLC (the "Company"), hereby consents to the actions set forth below and this consent shall have the same force and effect as would the undersigned's vote in favor of such action at a regularly constituted meeting of the Members of the Company called by notice for such purpose.

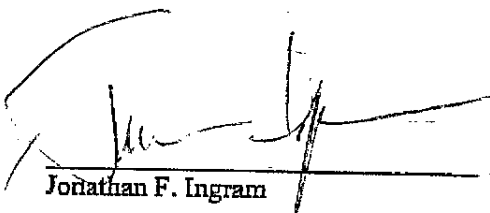
RESOLVED, that the following person is hereby appointed as Manager of the Company until her successor is elected and qualified:

Sophia Anna Martin

RESOLVED, that the Manager is authorized and directed to take such further action as may be necessary or desirable for the conduct of the Company's activities.

RESOLVED, that this consent be kept the records of the Company.

Dated this 9th day of May, 2000.


Jonathan F. Ingram

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**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. The name of the Limited Liability Company is:

Mirage Polo, LLC

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

Sophia Anna Martin, Manager

(Name)

2133 Polo Gardens Drive, No. 102

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Wellington

FL 33414

City/State/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 608, F.S..


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

August 4, 2000

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

MIRAGE POLO, LLC

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-10/03/00--01021--004
****160.00 ****160.00

in accordance with the provisions of Massachusetts General Laws, Chapter 156C
on **December 11, 1997**.

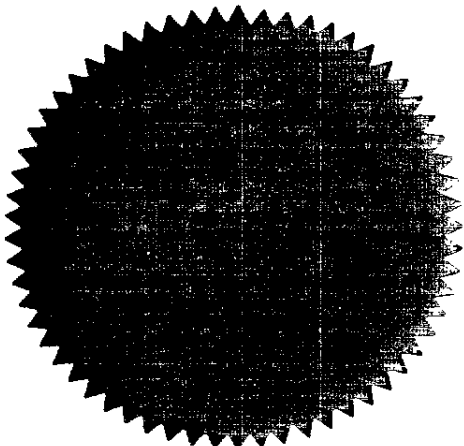
I also certify said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; and that, so far as appears of record, said Limited Liability Company has legal existence and is in good standing with this office.

I certify that the name of all managers listed in the most recent filing are: **JONATHAN INGRAM**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filings are: **NONE**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**

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TALLAHASSEE, FLORIDA



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth