

Dec 05 03:04a Kevin Jeffrey

407-282-7462

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Dec 04 11:14a Tom Endrick  
Dec 04 9:00p Kevin Jeffrey

407-695-4200  
407-282-7462

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EC. 4.2001 3:21PM

NOV 27 1999 P.2/4

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL RESORT RESOURCES OF LAKE COUNTY, LLC  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",  
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation  
to transact business in Florida.

Please return all correspondence concerning this matter to the following:

THOMAS A. ENDRICK  
(Name of Person)  
ALL RESORT RESOURCES OF LAKE COUNTY, LLC  
(Firm/Company)  
4129 LEAFY GLADE PLACE  
(Address)  
CASSELBERRY, FL 32707  
(City/State and Zip code)

For further information concerning this matter, please call:

THOMAS A. ENDRICK at (407) 695-8606  
(Name of Person) (Area Code & Daytime Telephone Number)

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-07/13/00--01070--016  
\*\*\*\*\*100.00 \*\*\*\*\*100.00  
8000003322308--4  
-07/13/00--01070--017  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

STREET ADDRESS:  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Dec 05 01 08:44a  
Dec 05 01 08:21a

Tom Endrick  
Kevin Jeffrey

407-695-4200  
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DEC. 5.2001 8:26AM

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

IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. ALL RESORT RESOURCES OF LAKE COUNTY, LLC.  
(Name of foreign limited liability company)

2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. 59-3651795  
(FEI number, if applicable)

4. 06-05-00  
(Date of Organization)

5. PERPETUAL  
(Duration: Year limited liability company will cease to  
exist or "perpetual")

6. 08-11-00  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 4129 LEAFY GLADE PLACE  
CASSELBERRY, FL. 32707  
(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:

THOMAS A. ENDRICK  
4129 LEAFY GLADE PLACE  
CASSELBERRY, FL. 32707

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:

PROPERTY INVESTMENT/DEVELOPMENT

Thomas A. Endrick  
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.)

THOMAS A. ENDRICK  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEC. 5.2001 8:26AM

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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:

ALL RESORT RESOURCES OF LAKE COUNTY, LLC

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

THOMAS A. ENDRICK  
(Name)

4129 LEAFY GLADE PLACE  
Florida street address (P.O. Box NOT ACCEPTABLE)

CASSELBERRY FL 32707  
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..

Thomas A. Endrick  
(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

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