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ACCOUNT NO. : 07210000032

REFERENCE : 248015

81514A

AUTHORIZATION C

COST LIMIT

ORDER DATE : July 18, 2006

ORDER TIME : 2:22 PM

ORDER NO. : 248015-020

CUSTOMER NO: 81514A

FOREIGN FILINGS

NAME: OAKHILL FAMILY PARK, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER:

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

IN COMPLIANCE WITH SECTION 600	SOR FLORINA STATLL	ES THE BOILDINGS IS S	אטס בער בריבויוזאפונו			
LIMITED LIABILITY COMPANY TO TRA			SU CENTRO	2 8 A		
OAKHILL I	AMILY PARK, LLC		E	Car E		
1,(N	(Name of Foreign Limited Liability Company)					
2. Massachusetts	,	3 04-34	73570	5		
2. (Jurisdiction under the law of which company is organized)	foreign limited liability	3. 04-34 (FEI numb	er, if applicable)	mar		
4. June 23, 1999		5. Perpetual		105 P		
(Date of Organization)	(Duration: Year limited exist or "perpetual")	liability company wi	Il cease io		
6. July 20, 2006				ν		
(Date first (See sections	transacted business in Fl s 608.501 & 608.502 F.S	orida, if prior to registration, to determine penalty liabili) ty)			
7. 7 Starkey Avenue						
Attleboro, MA 027						
	(Street Address	of Principal Office)				
8. If limited liability company is	a manager-managed	company check here	7			
,	-	_				
9. The name and usual business	addresses of the man	aging members or mana	igers are as follow	rs:		
Robert S. Cassidy						
7 Starkey Avenue				<u></u>		
Attleboro, MA 027	03					
10. Attached is an original certificate of ethe jurisdiction under the law of which it translation of the certificate under oath of	is organized. (A photocop	y is not acceptable. If the cert				
11. Nature of business or purpos	es to be conducted o	r promoted in Florida:	Ownership an	d operation		
of Cypress Gardens Fam	ily Campground ar	nd Mobile Home Estat	es.			
		nily ng		·		
(In accordance	with section 608.408(3), F	thorized representative S., the execution of this docum ury that the facts stated herein a	ent constitutes			
	Robert S. Cassi					
	Typed or printed	I name of signce				

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 nar	me of the Limited Liability	Company is:	
OAKHILL	FAMILY PARK, LLC		
2. The nai	me and the Florida street ad	ddress of the registered agent and office are:	
	Corporation Service Cor	mpany	
	-	(Name)	
	1201 Hays Street		
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	
liability co agent and c relating to obligations	mpany at the place designate agree to act in this capacity. the proper and complete per	nt and to accept service of process for the above stated ted in this certificate, I hereby accept the appointment of I further agree to comply with the provisions of all starformance of my duties, and I am familiar with and accept as provided for in Chapter 608, Florida Statute	as registered atutes cept the

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



The Commonwealth of Massachusetts

Secretary of the Commonwealth State House, Boston, Massachusetts 02133

July 24, 2006

TO WHOM IT MAY CONCERN:

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

OAK HILL FAMILY PARK, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 23, 1999.

I further certify that 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 or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **ROBERT** S. CASSIDY

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: ROBERT S. CASSIDY

The names of all persons authorized to act with respect to real property listed in the most recent filing are: ROBERT S. CASSIDY



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

William Francis Gallein

on the date first above written.

Secretary of the Commonwealth