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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094

Phone ·

: (770)777-2091

Fax Number

: (770)220-1943

ORIDA/FOREIGN LIMITED LIABILITY CO.

Margaritaville Enterprises II, LLC

Certificate of Status	0
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Electronic Filing Menu

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Help

(((H06000292360 3)))

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

IN COMPLIANCE WITH SECTION 603503, PLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: I Margaritaville Enterprises II, LLC (Name of Foreign Limited Liability Company) 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) October 4, 2008 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty flability) 7605 6800 Lakewood Plaza Drive Orlando, Florida 32819 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 🗹 (2) 9. The name and usual business addresses of the managing members or managers are as follows: 57 c/o Margaritaville Holdings LLC 256 Worth Avenue, Suite Q Palm Beach, Florida 33480 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 catificate 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: investing and licensing in various vantures and other activities 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 copolities of perjury that the facts stated herein are true.) Typed or printed name of signee

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1. The name of the Limited Liability Company is:

(Signature)

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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.

Margaritavil	le Enterprises II, LLC			
2. The nam	e and the Florida street addres	s of the registered agent and office	are:,	
,	•		200) SEC	
	NRAI Services, Inc.		CR D	Π
		(Name)	- 18 88 - 88 - 88 - 88 - 88 - 88 - 88 - 8	
	OTON English Park Pain	Outro 4	ent I	Particular Section 1
	2731 Executive Park Drive, Suite 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Floring Speci A	adicas (1.0. dex 1101 MCCELLABLE)	54 0	
	Weston	ਜ਼ਾ 33331		
		City/State/Zip		•
liability com agent and ag relating to th	pany at the place designated in gree to act in this capacity. I fu he proper and complete perform of my position as registered age	I to accept service of process for the a this certificate, I hereby accept the a rther agree to comply with the provis tance of my duties, and I am familiar ant as provided for in Chapter 608, Fi	ppointment as regi tions of all statutes with and accept th	istered

\$ 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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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARGARITAVILLE ENTERPRISES II, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GCOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTE DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARGARITAVILLE ENTERPRISES II, LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAKES HAVE NOT BEEN ASSESSED TO DATE.

4230060 8300 061086987



AUTHENTICATION: 5230801

DATE: 11-29-06

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