ease print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000024968 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0383

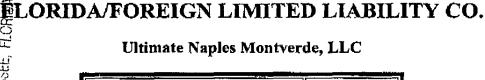
Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

Phone : (770)777-2091

Fax Number

: (770)220-1943



Certificate of Status	0
Certified Copy	1
Page Count	. 04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT DUSINESS IN THE STATE OF FLORIDA: A ULTIMATE NAPLES MONTEVERDE, LLC (Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited (labil) obnipany is organized) (FEI number, if applicable). 4, 01/11/2007 Perpetual (Date of Organization) (Duration: Year limited Itability company oxist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 3501 W Vine Street, Suite 225, Klasimmes, FL 34741 (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: See Exhibit A bitached hereto 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 furbility of ander the law of which it is openized. (A photocopy is not accopable. If the conflicate is in a foreign language, a translation of the certificate under ceth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: To own, develop, improve, hold, sell, tease, transfer, exchange, assign, dispose of, operate, manage or otherwise deal with real property Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the Exception of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true) CALLAGRAN Typed or printed name of signee

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.

2 The nam	e and the Florida street ad	ddress of the registered agent and office are:	
z. monam	o and the I milian succe de	endessor the registered agent and office are.	0
	NRAI Services, Inc	en e	· 7
•		(Name)	JAN
	i .	A Section of the sect	29
	2731 Executive Park Drive, Suite 4		_
***	Florida Str	eet Address (P.O. Box NOT ACCEPTABLE)	AM 8:
	Weston	FL 33331	ST.
		City/State/Zip	9

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, Florida Statutes. NRAI Services, Inc.

By: Many fado

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

EXHIBIT A

MANAGERS

Castlerock Partners LLC 3501 W Vine Street, Suite 225 Kissimmee FL 35741

Ultimate Resort Destination Club Management LLC 3501 W Vine Street, Sulte 225 Kissimmee FL 35741

Phil Callaghan 3501 W Vine Street, Suite 225 Kissimmee FL 35741

Jim Tousignant 3501 W Vine Street, Suite 225 Kissimmee FL 35741

07 JAN 29 AM 8: 56

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ULTIMATE NAPLES MONTEVERDE, 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ULTIMATE NAPLES MONTEVERDE, LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2007.

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

4283295 07007299B



Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5375157

DATE: 01-23-07