# N 0 8 0 0 0 0 0 5 3 9 8

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

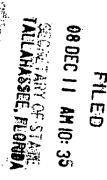
Office Use Only



900138505909

12/11/08--01005--001 \*\*810.00

B. KOHR DEC 1 5 2008 **EXAMINER** 



FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446 OFFICE USE ONLY

WALK-IN

**ENTITY NAME:** 

WILSON TITLE SERVICES, LLC

CK# 3669

AMOUNT \$310.00 (\$155.00 FOR THIS FILING)

PLEASE FILE THE ATTACHED ARTICLES OF ORGANIZATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS





#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 11, 2008

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301

SUBJECT: WILSON TITLE SERVICES, LLC

Ref. Number: W08000055102



We have received your document for WILSON TITLE SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

In Item 9, please list the NAMES and ADDRESSES of the company's MANAGERS or MANAGING MEMBERS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 808A00060008

RESUBULTINA RETAIN RESION PLEASE NAL PATE ORIGINAL PATE

### 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 BUSINESS IN THE STATE OF FLORIDA:			
, Wilson Title Services, LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")			
2. Delaware 3			
(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)			
4. 12-4-08 5. Perpetual			
(Date of Organization) (Durailon: Year limited liability company will cease to exist or "perpetual")	2		
6. Upon filing	9		
(Date first transacted business in Florida, if prior to registration.) (See acctions 608.501 & 608.502 F.S. to determine penalty liability)			
7. 8505 W. Irlo Bronson Memorial Hwy			
Kissimmee, FL 34747  (Street Address of Principal Office)	ر ارگ		
Concert receives on a strength Carrook	3		
8. If limited liability company is a manager-managed company, check here	<b>.</b>		
9. The name and usual business addresses of the managing members or managers are as follows:	.'		
WILSON RESORT GROUP, LLC SOLE HEMBER			
_ 8505 W. IBLOW BRONSON MEMORIAL HWY			
KISSIMMEE FL 34747			
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: oany out such business activities			
as provided within the corporate statutes			
XXXXX			
Signature of a member or an authorized representative of a member.  (le accordance with section 601,408(3), Ps., the execution of this document constitutes			
an affirmation under the penalties of perjury that the facts stated herein are true.)  Thomas R. Nelson, Executive Vice President, CFO and Treasurer			
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.

Wilson Title Services, LLC			
N			

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.

(Signature)

Special Asst. Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WILSON TITLE SERVICES, 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 TENTH DAY OF DECEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WILSON TITLE SERVICES, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2008.

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

4629764 8300

081183112

You may verify this cartificate chlim at corp.delaware.gov/authver.shtml Variet Smile Minden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 7015245

DATE: 12-10-08