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EXAMINER

Foreign Limited Liability Company CGPM/WMC Operating, LLC

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COVER LETTER

TÒ:	Registration Section Division of Corporations	•	
SUBJI	ест:	~	
The en Exister	ciosed "Application by Foreign L nee, and check are submitted to re	imited Liability Company for Authorization to Transact Business gister the above referenced foreign limited liability company to tra	in Florida," Certificate of ansact business in Florida.
Picare	return all correspondence concen	ning this matter to the following:	
		Mary C. Harris	·
	•	Name of Person	•
		Century Golf Partners Management, LP	17/2 21
		Firm/Company	2010 A
		5080 Spectrum Drive, Sulte 1100 E	ARE E I
		Address	SSE SSE
•		Addison, Texas 75001	
		City/State and Zip Code	TORRES D
•	E	mharris@centurygolf.com I address: (to be used for future annual report politication)	
For fur	ther information concerning this	,	
	Mary C. H		В
	Name of Pers	on Area Code & Daytime Telephone Number	•
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallehassoc, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos		30,00 Filing Fee & 3155.00 Filing Fee & 3160.00 Fil	ing Pec, Certificate us & Certified Copy

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

IN COMPLIANCE WITH SECTION GOLDS, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	CGPM/WI	VC Oper	rating, LLC	
(N	une of Foreign Limited Liability Company; mur	st include "L	inited Liability Company," "L.L.C.," or	LLC."T
to impen	navailable, enter alternate usine adopted for the the managers or managing members adopting t ""L.L.C." "LUC.")	purpose of to be alternate r	ransacting business in Plorida and attach a name. The alternate name trust include "L	copy of the writte imited Liability
	Texes	٦.	20-2036859	•
Jurisdie	1 axes ition under the law of which foreign limited list	illiy	20-2036859 (FEI number, if applicable)	
מוסקורוסג	y is ozganizati)			7 · ·
	12-20-2004	5	perpetual Puration: Year limited liability company v	
	(Date of Organization)	(I	buration: Year limited liability company v ist or "peopenuil")	
upon	registration			S
	(Date first transacted business (See sections 608.501 & 602.5)	ia Plonida, i 72 P.S. to det	f prior to registration.) ermine penalty (lability)	THE PARTY
5080	Spectrum Drive, Suite 1100 E, Addi	son, Texa	8	
			·	72.≥ 13.E1
	(8-24-1	desen of Bul-	cipal Office)	dr. (1)
	1 this date 1 m	3-0 4 c 24		
	ame and usual business addresses of the	managing	members or managers are as follo	ws:
Cen	tury Golf Partners Management, LP			
5080	Spectrum Drive, Suite 1100 E, Add	ison, Tex	as 75001	
-				
			· · · · · · · · · · · · · · · · · · ·	
jurisdict	ed is an original certificate of existence, no more the ion under the law of which it is organized. (A pho of the certificate under oath of the translator must b	olecopy is not	acceptable. If the certificate is in a foreign	
. Natu	re of business or purposes to be conduct	ted or pron	noted in Florida:	
	golf cour	se manag	ement	
•	. June Brog		<u> </u>	
	Signature of a member of	a authoriz		
	(In accordance with section 608.40)	f(3), F.S., the	execution of this document constitutes	
	(In accordance with section 608.40) un affirmation under the penalties o	f(3), F.S., the	execution of this document constitutes the facts stated berein are true.)	

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.

ability Comp	pany is:	
COPM/	WMC Operating, LLC	
e used in the	e state of Florida is:	
reet address	of the registered agent and office are:	SECTION TALLY
CT	Composition System	ANG ANG
	(Name)	SSEE -2
1200	South Pine Island Road	
rida Street Add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)	AM 18: 1 SF STATE FLORIB
antation	EY 33324	> -
	City/State/Zip	,
signated in ti pacity. I furt ete performa	his certificate, I hereby accept the appointm her agree to comply with the provisions of a nce of my duties, and I am familiar with an	nent as registered all statutes d accept the
	Michael E. Jones	
	Assistant Decretory	
\$ 100.00	Filing Fee for Application	
•		
	COPMA ne used in the reet address CT 1200: rida Street Add antation d agent and is signated in to pacity. I finate the performant is tened agent.	1200 South Pine Island Road rida Street Address (P.O. Box NOT ACCEPTABLE) antation FL 33324 City/State/Zip d agent and to accept service of process for the above states and in this certificate, I hereby accept the appointmentative. I further agree to comply with the provisions of a ete performance of my duties, and I am familiar with an istemed agent as provided for in Chapter 608, Florida States agent as provided for the Chapter 608, Florida States agent as provided for the Chapter 608, Florida States agent as provided for the Chapter 608, Florida States agent as provided for the Chapter 608, Florida States agent as provided for the Chapter 608, Florida States agent agent as provided for the Chapter 608, Florida States agent agen

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for CGPM/WMC Operating, LLC (file number 800428303), a Domestic Limited Liability Company (LLC), was filed in this office on December 20, 2004.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 02, 2010.



Hope Andrade Secretary of State