# Division of Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : US CORPWORKS INC.

Account Number: I20070000066

Phone Fax Number

: (303)393-8800 : (303)393-8900

\*\*Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please.

### Foreign Limited Liability Company **HG Operator Florida, LLC**

| Certificate of Status | 0             |
|-----------------------|---------------|
| Certified Copy        | 0             |
| Page Count            | <b>794.</b> 5 |
| Estimated Charge      | \$125.00      |

S. HAWKES AUG 1 3 2010

**EXAMINER** 

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#### **COVER LETTER**

|                | HG Operator Florida, LLC         |  |
|----------------|----------------------------------|--|
|                | (Name of                         | Limited Liability Company)   |
| Florida," Cor  |                                  | Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited la |
| Please return  | all correspondence concerning th | is matter to the following:  |
|                |                                  |  |
|                | Michael Mirriona                 |  |
|                |                                  | (Name of Person)   |
|                | NRAI Corporate Services          |  |
|                | TATOM CORPORATE CENTICOS .       | (Firm/Company)   |
|                |                                  | (ram oompany)  |
|                | 1638 Pennsylvania Street         |  |
|                |                                  | (Address)  |
|                |                                  |  |
|                | Denver, CO 80203                 | •  |
|                | (Cit                             | y/State and Zip Code)  |
| For further in | formation concerning this matter | , please call:   |
| Micha          | el Mimone                        | at (720 ) 256.0832   |
| <u> </u>       | (Name of Person)                 | (Area Code & Daytime Telephone Number)   |
| MAII           | LING ADDRESS:                    | STREET ADDRESS:  |
| Divisi         | ion of Corporations              | Division of Corporations   |
|                | Box 6327<br>hassee, FL 32314     | Clifton Building   |
|                |                                  | 2661 Executive Center Circle   |

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

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. HG Operator Florida, LLC  |   |
|--|---|
| (Name of Foreign Limited Liability Company; must in  | nohids "Limited Liability Company," "L.L.C.," or "LLC"  |
| consent of the managers or managing members adopting the Company,""L.L.C.,""LL.C.")  2. Delaware (Jurisdiction under the law of which foreign limited liability) | urpose of transacting business in Florida and attack topy of the written alternate name. The alternate name must include "Limited Liability"  3, 80-0633665  ty (FEI number, if applicable) |
| 4. O8/05/2010 (Date of Organization)   | 5. perpetual  (Duration: Year limited liability company will ocase to exist or "perpetual")   |
| 6. (Date first transacted business in (Sec sections 608.501 & 608.502  | Florida, if prior to registration.) F.S. to determine penalty liability)  |
| 7. 12750 High Bluff Drive, 4th Floor   |   |
| San Diego, CA 92130 (Street Addr   | ess of Principal Office)  |
| 8. If limited liability company is a manager-manag   | ged company, check here   |
| 9. The name and usual business addresses of the m  | nanaging members or managers are as follows:  |
| Heritage Golf Group, Inc 12750 High Bluff Drive,   | 4th Floor, San Diego, CA 92130  |
|  |   |
| the jurisdiction under the law of which it is organized. (A photo translation of the certificate under oath of the translator must be s                          |   |
| 11. Nature of business or purposes to be conducted   | d or promoted in Florida:   |
| (in accordance with section 602.408(3  | authorized representative of a member.  3), F.S., the execution of this document constitutes perjury that the facts stated herein are true.)  |
| see attached   |   |

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.

| I. The name  | e of the Limited Liability  | Company is:  |  |
|--|---|--|--|
| HG Operator  | Florida, LLC  | · •  | 12 LE  |
| If name unav   | vailable, the alternate nam   | e to be used in the state of Florida is:   | AMIO: 36   |
| 2. The name  | and the Florida street ad   | dress of the registered agent and office   | e are:   |
|  | NRAI Services, Inc.   |  |  |
|  |   | (Name)   | <del></del>  |
|  | 2731 Executive Park D   |  |  |
|  | Florida Stre  | et Address (P.O. Box <u>NOT</u> ACCEPTABLE)  |  |
| •  | Weston  | FL 33331   |  |
| •  |   | City/State/Zip   |  |
| liability compagent and agrelating to the obligations of NRAI Service. | pany at the place designate<br>free to act in this capacity.<br>The proper and complete per<br>of my position as registered | t and to accept service of process for the din this certificate, I hereby accept the I further agree to comply with the provious formance of my duties, and I am familiagent as provided for in Chapter 608, | appointment as registered visions of all statutes ar with and accept the |

Filing Fee for Application
Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25.00 \$ 30.00

5.00

HG Operator Florida, LLC, a

Delaware limited liability company

By its Member, Heritage Golf Group, Inc., a

Delaware Corporation

Name: Angela Kaster

Title: Secretary

10 NUG 12 AM 10: 36

# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HG OPERATOR FLORIDA, LLC" IS DULY

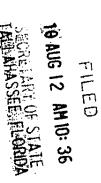
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE ELEVENTE DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HG OPERATOR FLORIDA, LLC" WAS FORMED ON THE FIFTH DAY OF AUGUST, A.D. 2010.

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



4857366 8300

100821692

UTHENTICATION: 8167474

DATE: 08-11-10

You may verify this certificate online at corp. delaware. gov/authver. shtml