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Division of Corporations

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EXAMINER

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

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Foreign Limited Liability Company CGPM Managers II, LLC

Certificate of Status	0
Certified Copy	U
Page Count	05
Estimated Charge	\$125.00

COVER LETTER

SUBJECT:	•	COPM Managers II, LLC	•		
		Name of Limited Liability Company			
Existence, and chec	k are submitted to register th	o above referenced foreign limited liabil	Transact Business in Florida." Certificate of ity gompany to transact business in Florida		
Liegge teuritr gri coi	respondence concerning this	i lungst; to the toffowing;			
		Michael Milam			
		Name of Person			
		Mimsch Hardt Kopf & Harr, P.C.			
····		Firm/Company			
	38	00 Lincoln Plazo, 500 N. Aland Street			
	Address				
		Dallas, Yexes 75201-6659			
		City/State and Zip Code			
•	•				
*****	E-mail address	a: (to be used for future annual report no	tification)		
For further informat	ion conserning this metter, p	Depte call:			
	Michael Milam	at (214)_	855-7550		
` _	Name of Person	Area Code & Daytime Telephol	ne Number		
Division of Registration P.O. Box 6		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle			
Enclosed is a chi	ock for the following am	Tallahassee, FL 32301	·		
	<u></u> ,	lling For & S155.00 Filing Fee &	5160.00 Filling Fee, Certificate		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: COPM Managera II, 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. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) April 24, 2009 perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6. n/a (Date first transacted business in Florids, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability). 7 5080 Spectrum Drive, Suits 1100 East Addison, Texas 75001 (Suret Address of Principal Office) 8. If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: JH Holdings II, LLC 5080 Spectrum Drive, Suite 1100 East Addison, Toxas 7,500.1 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official baving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not exceptable. If the certificate is in a foreign language, a translation of the certificate under only of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Plorida: To manage and operate golf course facilities. 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 effirmation under the ponsities of parjury that the facia stated bernin are true.) JH Holdings U, LLC, By: Brends Gray, Vice President Typed or printed name of signes

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 PLORIDA.

1. The name of the	e Limited Liability Com	pany is:			
	CGP	M Managera II, LLC			
If unavailable, the	alternate to be used in th	is state of Florida is:			
2. The name and t	he Florida street address	of the registered agent	and office are:		
· .	.c·	T Corporation System			
_		(Name)			
		South Pine Island Road			
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Plantation	FL 33324	, , , , , , , , , , , , , , , , , , ,		
		City/81ale/Zip			
liability company a agent and agree to relating to the prop obligations of my p	the place designated (n act in this capacity. I fin er and complete perform	this certificate, I hereby t ther agree to comply will ance of my duties, and I i	cass for the above stated limited accept the appaintment as register in the provisions of all statutes am familiar with and accept the pter 608, Florida Statutes. Kimberty Baggett Assistant Secretary		
	\$ 100.00				
	\$ 25.00 \$ 30 na				

\$ 5.00 Certificate of Status (optional)

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, Certificate of Formation for CGPM Managers II, LLC (file number 801114780), a Domestic Limited Liability Company (LLC), was filed in this office on April 24, 2009.

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 January 26, 2011.



Hope Andrade

Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/

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