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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 18 2011

EXAMINER

COVER LETTER

	TO: Registration Section Division of Corporations		
:	SUBJECT: BG Monaire, LLC		
	Name of Limited Liability Company		
4	The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Existence, and check are submitted to register the above referenced foreign limited liability company to transact busin	Certific ess in Fl	ate of lorida
	Please return all correspondence concerning this matter to the following:		
	Dawn S. Fox		
c.	Name of Person		
	Bluegreen Corporation		
	Firm/Company		
	4960 Conference Way North, Ste. 100		
	Address		
	Boca Raton, FL 33431		
	City/State and Zip Code		
	dawn.fox@bluegreencorp.com		
•	E-mail address: (to be used for future annual report notification)	20	
	Dawn S. Fox at (561) 912-8000	2011 MAY 13	ALPIE MA
	Dawn S. Fox _{at (} 561) 912-8000 ຜູ້ຊື່	$\overline{\omega}$	
	Name of Person Area Code & Daytime Telephone Number	Р	
	Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	PM iza	35 2 W W W W W W W W W W W W W W W W W W
	Registration Section Registration Section	25	
i	P.O. Box 6327 Clifton Building		
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		
	Enclosed is a check for the following amount:		
	\$125.00 Filing Fee \$\infty\$	ie	
	Certificate of Status Certified Copy of Status & Certified Copy		
•			

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST.	ATE OF FLORIDA:				
1. BG Monaire, 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 consent of the managers or managing members adopting the alternate Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written the name. The alternate name must include "Limited Liability"				
2. Delaware 3.	45-1791539				
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)				
	Perpetual				
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")				
6.					
(Date first transacted business in Floric (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) determine penalty liability)				
7. 4960 Conference Way North, Ste. 100					
Boca Raton, FL 33431					
(Street Address of	Principal Office)				
8. If limited liability company is a manager-managed co					
9. The name and usual business addresses of the managing members or managers are as follows:					
Bluegreen Vacations Unlimited, Inc.	TO STATE OF THE ST				
4960 Conference Way North, Ste. 100	TATE ORIO				
Boca Raton, FL 33431					
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submit	s not acceptable. If the certificate is in a foreign language, a				
11. Nature of business or purposes to be conducted or p	promoted in Florida: Any lawful purpose				
Michael D. Fan	vines				
Signature of a member or an auth	orized representative of a member.				

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael Kaminer, Secretary of Member

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.

1. The name of	the Limited Liability Compa	any is:	
BG MONA	IRE, LLC		
If unavailable, 1	he alternate to be used in the	state of Florida is:	
2. The name ar	d the Florida street address o	f the registered agent and office are:	
	Corporation Service Corr	npany	
		(Name)	•
	1201 Hays Street		
	Florida Street Addr	ess (P.O. Box <u>NOT</u> ACCEPTABLE)	-
	Tallahassee	FL 32301 City/State/Zip	-
liability compan agent and agree relating to the p	y at the place designated in the to act in this capacity. I furth coper and complete performan y position as registered agent	accept service of process for the above so is certificate, I hereby accept the appointmer agree to comply with the provisions of acce of my duties, and I am familiar with an as provided for in Chapter 608, Florida S	nent as registered all statutes nd accept the

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BG MONAIRE, 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 SIXTEENTH DAY OF MAY, A.D. 2011.

DATE: 05-16-11

AUTHENTY CATION: 8764707