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Division of Corporations

Fax Number : (850)617-6383

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**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 Century APGM Manager, LLC

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

J. BRYAN

SEP 14 2011

EXXIMINER

COVER LETTER.

ro:	Registration Section Division of Corporations		
SUBJE	CCT; CC	entury APGM Manager, LLC	
		Name of Limited Liability Company	
			ransact Business in Florida," Certificate of ty company to transact business in Florida
Please	return all correspondence concerning this	matter to the following:	
		Michael Milam	
		Name of Person	SE
		Munsch Hardt Kopf & Harr, F.C.	
		Firm/Company	TI SEP 13 M S. OF STATE
	38	00 Lincoln Plaza, 500 N. Akard Street	70
		Address	OF C
		Daltas, Texas 75201-6659	
		City/State and Zip Code	
	E-mail addres	s: (to be used for future annual report no	ification)
For fur	ther information concerning this matter, p	olease call:	
	Michael Milam	at (214	855-7550
	Name of Person	Area Code & Daytime Telephor	ne Number
	MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations Registration Section	
	P.O. Box 6327	Clifton Building	
	Tallahassec, FL 32314	2661 Executive Center Cinde Tallahassee, FL 32301	
Enclos	sed is a check for the following an	ount:	
		iling Fee & \$\int\\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

L	MITED LUBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:				
١.	Contury APGM Manager, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.," or "LLC.,")				
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC,")				
ÇĠ	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written usent of the managers or managing members adopting the alternate name. The riternate name must include "Limited Liability impany," "L.L.C." "LLC.")				
2.	Texas Jurisdiction under the law of which foreign limited Hability ("E) number, if applicable)				
	company is organized)				
4,	August 23, 2011 5. perpetual (Date of Organization) (Duration: Year limited liability company will cease to				
	August 23, 2011 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")				
·6.	n/a				
•	(Date first transacted business in Florida, if prior to registration.) (See sections 608-501 & 608-502 F.S. to determine pentity liability)				
7.	5080 Spectrum Drive, Suite 1100 Bast				
	Addison, Texas 75001				
	(Street Address of Principal Office)				
8.	If limited liability company is a manager-managed company, check here				
9.	The name and usual business addresses of the managing members or managers are as follows:				
	Century Golf Partners Holdings III, LLC				
	5080 Spectrum Drive, Suite 1100 East				
	Addison, Texas 75001				
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in Fjurisdiction under the law of which it is organized. (A photocopy is not acceptable. I "the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)				
11	. Nature of business or purposes to be conducted or promoted in Florida:				
	To manage and operate golf course facilities.				
	Lenda Grace				
	Signature of a member or an authorized representative of a member.				
	(In accordance with section 608.408(1), P.S., the execution of this document constitutes an offirmation under the penalties of perjury that the facts stated herein are true.)				
	CGP BevCo Holdings III, LLC, By: Brenda Gray, Vice President				
	Typed or printed name of signce				

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.

	Century APOM Manager, LI C	بالم الم الم الم الم الم الم الم الم الم
If unavailable,	the alternate to be used in the state of Florida is:	SEP 13
2. The name ar	nd the Florida street address of the registered agent and office	ce are:
	C T Corporation System	E m
	(Name)	
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation FL 33324 City/State/Zip	
liability compan agent and agree relating to the p obligations of m	med as registered agent and to accept service of process for the sy at the place designated in this certificate, I heraby accept the to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am famility position as registered agent as provided for in Chapter 608, corporation System. (Signature) Kimberly Ba	e appointment as registered visions of all statutes iar with and accept the Florida Statutes.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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



Office of the Secretary of State



Certificate of Faut

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Century APGM Manager, LLC (file number 81)1470936), a Domestic Limited Liability Company (LLC), was filed in this office on August 24, 2011.

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 September 13,



Phone: (512) 463-5555

Prepared by: SOS-WEB

Hope Andrade Secretary of State

Come visit us on the Internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 388398060003