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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LRA ADMINISTRATOR, LLC

Account Number : I20080000036 Phone : (386) 246-5859 Fax Number : (386)246-5856

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

Email	Address:					
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### Foreign Limited Liability Company LRA Naples, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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JAN - 5 2012

EXAMINER Filing Menu

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### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LRA Naples, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," C Existence, and check are submitted to register the above referenced foreign limited liability company to transact business.
Please return all correspondence concerning this matter to the following:
Tammy Hotaling
Name of Person
H&R Resorts, LLC - Legal Department
Firn/Company
200 Ocean Crest Drive, Suite 31
Address
Palm Coast, FL 32137
City/State and Zip Code
thotaling@hammockbeach.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tammy Hotaling at (386) 246-5859
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sigma\$

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTE LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE	
1. LRA Naples, LLC (Name of Foreign Limited Liability Company; must inclu	•
(Name of Poloigh Limited Liability Company, must ment	the Elithied Elability Company, E.E.C., of Elec. )
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	
2. Georgia 3	59-3709000
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. November 15, 2010 5	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	(A) IF of the column of the co
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	to determine penalty liability)
7. 200 Ocean Crest Drive, Suite 31, Palm C	Coast, FL 32137
(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 mana	aging members or managers are as follows:
Legacy Resort Assets, LLC, a Delaware Ilm	ited liability company
171 17th Street, Sulte 1575	
Atlanta, GA 30363	
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	y is not acceptable. If the certificate is in a foreign language, a
11 Natura of husiness or purposes to be conducted or	mometad in Florida: any and all lawful

11. Nature of business or purposes to be conducted or promoted in Florida: any and

business not specifically prohibited by profit LLC's under the laws of the State of Florida,

Legacy Resort Assets, LLC, a Delaware LLC, its Manager

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 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.)

Amy Wilde, VP of Legacy Resort Assets, LLC, a DE LLC

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.

The name of the Limited Liability Company is:	
RA Naples, LLC	
unavailable, the alternate to be used in the state of Florida is:	
The name and the Florida street address of the registered agent and office are:	_
Virginia Tee, Esq.	
(Name)	
200 Ocean Crest Drive, Suite 31	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Palm Coast, FL 52137	
City/State/Zip	
aving been named as registered agent and to accept service of process for the above stated limite ability company at the place designated in this certificate, I hereby accept the appointment as reginent and agree to act in this capacity. I further agree to comply with the provisions of all statutes lating to the proper and complete performance of my duties, and I am familiar with and accept the ligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	isterea
Collinston 180	
(Signature)	
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)	

\$ 5.00 Certificate of Status (optional)

Control No. 10079864

# STATE OF GEORGIA

## Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### LRA NAPLES, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 11/15/2010 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 5th day of January, 2012

B: P.h

Brian P. Kemp Secretary of State

Certification Number: 7905637-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp