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DATE:

MARCH 26, 2013

NAME:

OLCC HAWAII, LLC

TYPE OF FILING: FOREIGN QUALIFICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

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**AUTHORIZATION:** 

CRT	F027	(9/1	ſ١١

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: OLCC Hawaii, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Plorida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Margaret Carr	er:
Name of Person	
Baker Donelson Bearman Caldwell	ZUIJ ĐẠJ SECRET
Pirm/Company	ASSI
165 Madison Ave., Ste. 2000	
Address	
Memphis, TN 38103	ATE REAL
City/State and Zip Code	***************************************
mcarr@bakerdonelson.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Margaret Carr	
---------------	--

,,901 577-215

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:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status

☐ \$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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  OLCC HAWAII. LLC	
1. OLCC HAWAII, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Comp	pany,""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in consent of the managers or managing members adopting the alternate name. The alternate name. Company," "L.L.C," "LLC.")	s Florida and attach a copy of the written ame must include "Limited Liability
2. Delaware 3. Pending	
(Jurisdiction under the law of which foreign limited liability (PEI numb company is organized)	per, if applicable)
March 20, 2013 5, Perpetual	71. 2
(Date of Organization) (Duration: Year limits exist or "perpetual")	d liability company will be ase to
6. Not Applicable	And A
(Date first transacted business in Florida, if prior to registration (See sections 608.501 & 608.502 F.S. to determine penalty liabil	
7. 8505 W. Irlo Bronson Memorial Hwy.,	E OF
	8 6
Kissimmee, FL 34747 (Street Address of Principal Office)	
· · · · · · · · · · · · · · · · · · ·	7
8. If limited liability company is a manager-managed company, check here [	
9. The name and usual business addresses of the managing members or man	agers are as follows:
Wilson Resort Group, LLC	
8505 W. Irlo Bronson Memorial Hwy.,	
Kissimmee, FL 34747	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the ceranslation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
Own, lease and manage real property.	·
All	
Signature of a member or an authorized representative	of a member.
(In accordance with section 605.408(3), F.S., the execution of this document constitution penalties of perjury that the facts stated herein are true. I am aware that any false	ites an affirmation under the
document to the Department of State constitutes a third degree felony as pro	

Michael J. Thompson- Senior VP of Sole 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 Company is: OLCC HAWAII, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
NRAI Services, Inc.	2013 HAR SECRETA
(Name)	
515 East Park Avenue	26 RY (
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee FL 32301	ORBAN
City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

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

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELANARE, DO HEREBY CERTIFY "OLCC HAWAII, 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 TWENTY-FIRST DAY OF MARCH, A.D. 2013.

AND I DO HERBBY FURTHER CERTIFY THAT THE SAID "OLCC HAWAII, LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2015.

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

5306841 8300

130340731

731 DATE: 03-21-13

AUTHENTS CATION: 0300973