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NAME:

CONCERT GOLF MANAGEMENT LLC

TYPE OF FILING: APPLICATION

COST: 155.00

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AUTHORIZATION: ABBIE/PAUL MODGE

#### COVER LETTER

SUBJECT:	CONCERT GOLF MA		
	ĵ	Name of Limited Liability Company	
		iability Company for Authorization to Transact Business in Fle e above referenced foreign limited liability company to transac	
Please return al	l correspondence concerning this	matter to the following:	FILEU BISHN 15 M 8: 35
	Capitol Services Corpo		殿三九
		Name of Person	題至二
	Capitol Services, Inc.		题 5 m
		Firm/Company	理論をし
	800 Brazos, Suite 400		9. U
		Address	
	Austin, TX 78701		
		City/State and Zip Code	
	pnanula@concertca	pital.com	IMPORTANT: The email address
	E-mail address	s: (to be used for future annual report notification)	entered here will be utilized for future
For further info	rmation concerning this matter, p	elease call:	ANNUAL REPORT
		at ( 800 ) 345-4647	
	Name of Person	Area Code & Daytime Telephone Number	
Divisi	ING ADDRESS: on of Corporations ration Section	STREET ADDRESS: Division of Corporations Registration Section	
P.Ö. E	30x 6327	Clifton Building	
Tallah	assee, FL 32314	2661 Executive Center Circle Tallnhassee, FL 32301	
	a check for the following am	nount: 3 Fee & \$\frac{1}{2}\$155.00 Filing Fee & \$\frac{1}{2}\$160.00 Filing Fee, Continue Copy of Status & Certified	

# 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:

	THE STATE OF TECHNIDA.
I. CONCERT GOLF MANAGEMENT LLC	
(Name of Foreign Limited Liability Company; must in	iclude "Limited Liability Company," "L.L.C.," or "L.L.C.")
If name unavailable, enter alternate name adopted for the pu	rpose of transacting business in Fforlda and attach a copy of the written alternate name. The alternate name must include "Limited Liability
Company," "L.L.C," "LLC,")	attenute mane. The attenute name must menute tempor Examiny
o Delaware	a 46 1606750
(Jurisdiction under the law of which foreign limited liabilit	3. 46-1696752 (FEI number, if applicable)
company is organized)	, (c == names), is approach,
<sub>4.</sub> January 7, 2013	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will come to exist or "perpetual")
6.	
(Date first transacted business in	
(See sections 608.501 & 608.502 I	r.s. to determine penalty hability)
7	
1 Coastal Oak, Newport Coast, CA 92657	ess of Principal Office)
	ess of Principal Office)
	<b>*</b>
<ol><li>If limited liability company is a manager-manag</li></ol>	red company, check here
9. The name and usual business addresses of the m	anadas araukam ar managam an ar fallana.
7. The hand and usual business addresses of the in	lanaging memoers of managers are as follows,
Peter Nanula	
1 Canadal Cale Navyant Canal CA 00	0057
1 Coastal Oak, Newport Coast, CA 92	1007
•	
**************************************	
	90 days old, duly authenticated by the official having custody of records in
the jurnsdiction funder the law of which it is organized. (A photoc translation of the certificate under cath of the translator must be s	copy is not acceptable. If the certificate is in a foreign language, a
	·
<ol> <li>Nature of business or purposes to be conducted</li> </ol>	l or promoted in Florida: Any lawful purpose under
the laws of the States of Delaware and	Florida
(AH)	MIMA
Signature of a member or an	authorized representative of a member.
	xecution of this document constitutes an affirmation under the
	e true. I am aware that any false information submitted in a
	utes a third degree felony as provided for in s.817.155, F.S.)  M. Theirl
	ALL AND
i yped or prin	ted 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:  CONCERT GOLF MANAGEMENT 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:	門部で
Capitol Corporate Services, Inc.	5 m
(Name)	
155 Office Plaza Dr Ste A  Florida Street Address (P.O. Box NOT ACCEPTABLE)	es 35
Tallahassee FL 32301 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.

Krista Ali, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

(Signature

\$ 100,00
\$ 25.00
\$ 25.00
\$ 30.00
\$ 5.00
Filing Fee for Application
Designation of Registered Agent
Certified Copy (optional)
Certificate of Status (optional)

# Delaware

DAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CONCERT GOLF MANAGEMENT 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 FOURTEENTH DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONCERT GOLF MANAGEMENT LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D. 2013.

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

5270617 8300

130581312

AUTHENTY CATION: 0432336

DATE: 05-14-13

You may verify this certificate online at corp.delaware.gov/authver.shtml