Florida Department of State

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Foreign Limited Liability Company WINTERHAVEN GOLF MANAGEMENT, LLC

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6/12/2013 N. Outhean JUN 1 3 2013

CR2B027 (9/10)	•	cov	ER LETTER	
	stration Section sion of Corporation	s		
SUBJECT:	Winterhaven Golf	Management, LLC		
•		Name of Lin	nited Liability Company	
				ransact Business in Florida," Certificate of ity company to transact business in Florida
Please return	all correspondence	concerning this matter to the	e following:	
	Sandra Colarett	1		
		N	ame of Person	
	Winterhaven G	olf Management, LLC		
		Fi	rm/Company	
	8300 Boone Bir	rd, Suite 350		
	**		Address	
	Vienna, VA 22	182		
	- 70 i 	City/S	tate and Zip Code	
	scolareta@billyc	aspergolf.com		
•		E-mail address: (to be used	for future annual report no	tification)
For further info	ormation concerning	g this matter, please call:		
Sand	ra Colareta		703 761-1	444
,	Name	of Person Area	a Code & Daytime Telephon	ne Number
Divis Regis P.O. I	LING ADDRESS: lon of Corporations tration Section Box 6327 hassee, FL 32314	Divisio Registr Clifton 2661 B	or ADDRESS: n of Corporations ation Section Building xecutive Center Circle asce, FL 32301	
	a check for the 1 25.00 Filing Fec	ollowing amount: \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Cortified 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 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RESIDENS IN THE STATE OF FLORIDE

Winterhaven Golf Management, LLC (Name of Foreign Limited Liability Company; must include	to "Limited Liability Company," "L.L.C.," or "LLC.")	-	
If name unavailable, onter alternate name adopted for the purpose onsent of the managers or managing members adopting the altern company," "L.L.C," "LLC.")	o of transacting business in Florida and attach a copy of the nate name. The alternate name must include "Limited Liabili	written ity	
Virginia 3	46-2941876		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	-	
June 4, 2013 5.	Perpetual		
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	-	
(Date first transacted business in Plot (See aections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)		
8300 Boone Blvd, Suite 350		NA NA	2013
Vionna, VA 22182	<u> </u>	至河	
(Street Address o	of Principal Office)	E 23	_
. If limited liability company is a manager-managed o		E C	2
. The name and usual business addresses of the mana	ging members or managers are as follows:	FLO SII	₹
Billy Casper Golf, LLC		F STATE FLORIDA	رن دن
8300 Boone Blvd, Suite 350			
Vienna, VA 22182		_	
Attached is an original certificate of existence, no more than 90 or jurisdiction under the law of which it is organized. (A photocopy analation of the certificate under oath of the translator must be subn	y is not acceptable. If the certificate is in a foreign language, a	ecords in	
i. Nature of business or purposes to be conducted or	promoted in Florida:	•	
Golf Course Management			
Signature of a member or an audi	horized representative of a member.		
nenalties of periury that the facts stated herein are true.	tion of this document constitutes an affirmation under the I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)	•	
Peter M. Hill	<u> </u>		

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 Lin Winterhaven Golf Manager	nited Liability Company is:	·
If unavailable, the alter	mate to be used in the state of Florida is:	
2. The name and the F	lorida street address of the registered agent and office are:	
	C T Corporation System	SEC SEC
·	(Name)	監复コ
	1200 South Pine Island Road	ASSE 12
Florida Street Address (P.O. Box NOT ACCEPTABLE)		FIG E D
Plantati	ion FL 33324	STATIOR
	City/State/Zlp	B: 38

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.

By: Judith Argao Vice President and Assistant Secretary

(Signature)

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

Commonthealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Winterhaven Golf Management, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is June 4, 2013; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: June 11, 2013

Joel H. Peck, Clerk of the Commission

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