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<b>T</b> 0:	Division of Corporations Fax Number : (850)617-6383	ASSET	
From:			
	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092	nari Tari	0 ئ

: (850)878-5368

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## Foreign Limited Liability Company PGA PLAZA LLC

Certificate of Status	0
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J. SAULSBERRY EXAMINER

JUN 13 2013

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RETARY OF STATE
AHASSEE, FLORIDA

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date of submission un

CR2E027 (9/10)		COVER LETTER			
•	tration Section on of Corporations				
SUBJECT: P	GA Pieze LLC				
		Name of Limited Liability Company			
The enclosed *. Existence, and	Application by Foreig check are submitted to	n Limited Liability Company for Authorization to Transact Business in Floridoregister the above referenced foreign limited liability company to transact bu	a," Certifi siness in	icate of Florida	
Please return al	l correspondence con	cerning this matter to the following:			
	Yvonne Owens	,			
		Name of Person	-		
	C-III Capital Partne	DIS LLC			
		Firm/Company		<b>N</b> 3	
	300 N. Main Street	Suite 402		2013	
		Address		Ę.	2 1
	Greenville, SC 296	01	15. 13. 13.	-	,
		City/State and Zip Code	<b>-</b>		i
	yowens@islecap.co	m.		<u>ب</u>	
	E-	mail address: (to be used for future annual report notification)		00	
For further info	rmation concerning th	is matter, please call:		_	
Yvon	ne Owens	864 331-0307 at (			
	Name of I	erson Area Code & Daytime Telephone Number	_		
Division Regist P.O. B	ANG ADDRESS: on of Corporations ration Section lox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, PL 32301			
	check for the foll 5.00 Filing Fec	owing amount: \$130.00 Filing Fee & \$\sum \text{\$155.00 Filing Fee} & \$\sum \text{\$150.00 Filing Fee}\$ Cartificate of Status & Cartificate Conv.		te	

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

PGA Plaza LLC	Company; must include "Limited Liability Company," "L.L.C.,"	ar ( ( )
(Name of Poreign Limited Likolity C	ompany, must include 'Limited Liability Company,' "L.L.C.,"	or "LLC.")
consent of the managers or managing membe Company," "L.L.C," "LLC.")	opted for the purpose of transacting business in Plorida and atta ars adopting the alternate name. The alternate name must include	ch a copy of the writte "Limited Liability
2. Delaware	3. Applied for	_
(Jurisdiction under the law of which foreig company is organized)	n limited liability (PEI number, if applicable)	)
4. May 30, 2013	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability compa- exist or "perpetual")	ny will cease to
6. upon registration		
(Date first transs (See sections 608.	acted business in Florida, if prior to registration.) .501 & 608.502 F.S. to determine penalty liability)	5. =
7. 5221 N. O'Connor Blvd., Suite 600		<u> </u>
lrving, TX 75039		79
	(Street Address of Principal Office)	9: 0C
8. If limited liability company is a ma	anager-managed company, check here	₹ <b>8</b>
9. The name and usual business addr	resses of the managing members or managers are as fo	ollows:
PGA Piaza JV LLC (sole member)		· · · · · · · · · · · · · · · · · · ·
5221 N. O'Connor Blvd., Suite 600		
Irving, TX 75039		
	·	areign language, a
11. Nature of business or purposes to	be conducted or promoted in Florida: any lawful activ	ity permitted
under the laws of the State of Plorida.		
ym	one Owen	
	member or an authorized representative of a member.	
penalties of parjury that the fac	1.408(3), F.S., the execution of this document constitutes an affirmation cts stated herein are true. I am aware that any false information sub	mitted in a
Yvonne Owens	t of State constitutes a third degree felony as provided for in s.8:	ritaa, raa,

Typed or printed name of signee

1. The name of the Limited Liability Company is:

## 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.

PGA Plaza LLC				
If unavailable, the alter	nate to be used in the s	state of Florida	ı is:	
2. The name and the F	lorida street address of	f the registered	agent and office are	
	C T Corporation System		T NOT EIG	
·	<del></del>	(Name)		
	1200 Sc	outh Pine Island	Road	(7) F-7
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		- 15 a	
Plantat	ОП	FL.	13324	WH 9: 00
<del></del>		City/State/Zip	)	
Having been named as liability company at the registered agent and agstatutes relating to the accept the obligations of Statutes.	place designated in the gree to act in this capac proper and complete pe	is certificate, l city. I further c erformance of	hereby accept the ap agree to comply with my duties, and I am f	ppointment as the provisions of all amiliar with and
_	C T Corporation S	System	Connie Bruc	ın
Ву:	(Signal	ure)	Connie Bryc Assistant Secre	etary
	\$ 100,00 \$ 25.00 \$ 30.00	Designation	r Application of Registered Agent py (optional)	t

\$ 5.00 Certificate of Status (optional)

# Delaware

23.CF

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PGA PLAZA 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 THIRTY-FIRST DAY OF MAY, A.D. 2013.

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

2013 JUN 11 AM 9: 00

5342609 8300

130721068

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

AUTHENTICATION: 0474526

DATE: 05-31-13