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OLCC MISSOURI, LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT;	OLCC	MISSOURI, LLC
		Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

_	Name of Person
Ε	Baker Donelson
,	Firm/Company
1	65 Madison Ave., Ste. 2000
	Address
V	Memphis, TN 38103
	City/State and Zip Code
m	ncarr@bakerdonelson.com
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARET CARR 901 577-2157

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS₁
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 Fcc, 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 FULLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: OLCC MISSOURI, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware Pendina (Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized) JUNE 18, 2013 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpotual") (Date first transacted business in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine panalty liability) 8505 W. Irlo Bronson Memorial Highway Kissimmee, FL 34747 (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 managing members or managers are as follows: Wilson Resort Group, LLC 8505 W. Irlo Bronson Memorial Highway Kissimmee, FL 34747 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation 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 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 ponalties 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.) Brian T. Lower, Executive VP/ Secretary

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 o	f the Limited Li	ability Company is:		
OLCC MISSOURI, LLC				
If unavailable,	the alternate to	be used in the state of Florida is:		
2. The name a	nd the Florida s	treet address of the registered agent and office are:		
	NRAI Services, Inc.			
	<u> </u>	(Name)		
		1200 South Pine Island Road		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Plantation	FL 33324		
		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.

NRAI Services, Inc.

By: Chall (Signature)

Eileen Chaddock, Asst. Secretary

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

SECHETARY OF STATE
DIVISION OF CORPORATIONS

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLCC MISSOURI, 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 FIRST DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLCC MISSOURI, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2013.

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

5352765 8300

130834311

AUTHENTY CATION: 0553840

DATE: 07-01-13

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