

(1/6)

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM date of submission 7/25

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Foreign Limited Liability Company Cypress Creek Golf Management LLC

Certificate of Status	0
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Corporate Filing Menu

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B. BOSTICK

JUL 29 2014 7/25/2014

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COVER LETTER

	istration Section Ision of Corporations		
SUBJECT	Cypress Creek Golf Managemen	a, LLC	
		Name of Limited Liability Company	
The enclosed Existence, ar	l "Application by Poreign Limited id check are submitted to register to	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.	•
Please return	all correspondence concerning th	is matter to the following:	
	Eileen Lacy		
		Name of Person	
	Cypress Creek Golf Manager	nent, LLC	
		Firm/Company	
	8300 Boone Blvd. Suite 350		
		Address	
	Vienna, VA 22182		
		City/State and Zip Code	
	elacy@Billyeaspergolf.com		
	E-mail sde	lress: (to be used for luture annual report notification)	
For further in	formation concerning this matter,	please call:	77
te!!.	en Lacy	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	Constants Constants
Elle	Name of Contact Pers	at (103) 1013144 ATTS 2	E. aradian
Divi Reg P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Ë
		3%	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Cypress Creek Golf Management, LLC	
[Name of Foreign Limited Liability Company; must include "Limited Liability Company	ny," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. Liability Company," "L.L.C," or "L.L.C,")	The alternate name must include "Limited
2. Virginia 3. 47 - 19	426 2 51
(Jurisdiction under the law of which foreign limited liability (FEI no company is organized)	4267 51 umber, if applicable)
4 7/24/2014	
(Date first transacted business in Flurids, if prior to registration, (See sections 605.0904 & 605.0905, F.S. to determine penalty liab	.) pility)
5. 8300 Boone Blvd. Suite 350	
Vienna, VA 22182	
(Street Address of Principal Office)	
6. 8300 Boone Blvd. Suite 350	
Vienna, VA 22182 (Mailing Address)	
(diming Vidital)	
7. The name, title or capacity and address of the person(s) who has/have aut	thority to manage is/are:
Billy Casper Galf, LLC , Authorized Person	mo P
Billy Casper Golf, LLC , Authorized Person	
8300 Boone Blvd. Suite 350	87 -
Vienna, VA 22182	Sim D
8. Attached is an original certificate of existence, no more than 90 days old, of	duly authenticated by the official
having custody of records in the jurisdiction under the law of which it is orga	
acceptable. If the certificate is in a foreign longuage, a translation of the certi	ficate under oath of the translator
must be submitted)	
Signature of an authorized person	
(in accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the peram aware that any false information submitted in a document to the Department of State constitutes a third degree	
Peter M. Hill	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Liabili	iy Comp	any is:			
Cypress Creek	Golf Management, LLC		· · · · · · · · · · · · · · · · · · ·		_	
If unavailabl	e, the alternate to be us	ed in the	state of Florida is:			٠
2. The name	and the Florida street	nddress (of the registered agent and office ar	e:	•	
	C T Corporation Syste	m		至の	11113	
			(Name)			
	1200 South Pine Island			AS AS	JUL 2	4.34MM
	Florida 1	street Add	1751 (P.O. BOX NOT ACCEPTABLE)	() A	S)	e provinces
	Plantation		FL 33324		\triangleright	
			City/State/Zip	SA SA	L 1 :5	
liability comp registered ag statutes relati	pany at the place design ent and agree to act in t ing to the proper and co	ated in ti this capa implete p	o accept service of process for the a his certificate, I hereby accept the ap icity. I further agree to comply with performance of my duties, and I am f tered agent as provided for in Chap	ppointment as the provisions of all amiliar with and		
	C T Corporation Sy By:	(Signa	Bly			
		100.00 25.00 30.00	Filing Fee for Applications Pre Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	Todd B. Prope sident and Assisti	er ant Sec	retary

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Cypress Creek 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 July 25, 2014; 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:

July 25, 2014



CISECOM

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850-617-6381

7/28/2014 8:48:11 AM PAGE 1/001 Fax Server

July 28, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: CYPRESS CREEK GOLF MANAGEMENT LLC

REF: W14000045848

2014 JUL 25 A 9 48
SECRETARY OF STATE
AND SEER FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H14000177206 Letter Number: 014A00016050

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SECRETARIES OF STATE

ALLARESSEE, FLORIDA

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