M14000009144

| (Requestor | 's Name) |
|-----------------------------------|-----------------------|
| (Address) | |
| (Address) | |
| (City/State/ | Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Business E | Entity Name) |
| (Document | Number) |
| Certified Copies C | ertificates of Status |
| Special Instructions to Filing Of | fficer: |
| | |
| | |
| | |

Office Use Only



200265726592

DEPARTMENT OF STAT

J. Shivers DEC 2 3 2014



ACCOUNT NO. : I2000000195 REFERENCE : 430773 7436430 AUTHORIZATION : COST LIMIT : ORDER DATE: December 22, 2014 ORDER TIME : 1:07 PM ORDER NO. : 430773-005 CUSTOMER NO: 7436430 FOREIGN FILINGS NAME: THE CLUB AT OCALA PRESERVE LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Courtney Williams -- EXT# 62935

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|--|--|--|--|
| The Club at Ocala Preserve 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 Florida. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Cynthia Reyes | | | | |
| Name of Person | | | | |
| IHP Capital Partners | | | | |
| Firm/Company | | | | |
| 100 Bayview Circle, Suite 2000 | | | | |
| Address | | | | |
| Newport Beach, CA 92660 | | | | |
| City/State and Zip Code | | | | |
| creyes@ihpinc.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Cynthia Reyes Name of Contact Person at (949) Area Code Daytime Telephone Number | | | | |
| Name of Contact Person Area Code Daytime Telephone Number | | | | |
| MAILING ADDRESS: 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: \$\Bigsize \\$125.00 \text{ Filing Fee} \Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status} \Bigsize \\$155.00 \text{ Filing Fee & Gertified Copy} \Bigsize \\$160.00 \text{ Filing Fee, Certified Copy} \Bigsize \\$160.00 \text{ Filing Fee, Certified Copy} | | | | |

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:

| The Club at Ocala Preserve LLC | <i>2</i> 1. |
|--|---|
| (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. The alternate na Liability Company," "L.L.C," or "LLC.") | me must include "Limited |
| 2. DE (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if application under the law of which foreign limited liability) | ble) |
| company is organized) | |
| 4. NA (Date first transacted business in Florida, if prior to registration.) | |
| (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | |
| _{5.} 100 Bayveiw Circle, Suite 2000 | |
| Newport Beach, CA 92660 | |
| (Street Address of Principal Office) | |
| _{6.} Same | |
| | |
| (Mailing Address) | |
| 7. The name, title or capacity and address of the person(s) who has/have authority to ma | anagelis/are: |
| Ocala 623 Land Development LLC, Member | 수준 B |
| Ocala 023 Land Development LLO, Member | S 2 |
| 100 Bayview Circle, Suite 700 | SEX. N |
| Newport Beach, CA 92660 | |
| | - 55 - - - - - - - - - - - |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authent | icated by the official |
| having custody of records in the jurisdiction under the law of which it is organized. (A p. | hotocopy is not |
| acceptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted) | oath of the translator |
| 1 | |
| (1stthia klues | |
| Signature of an authorized person | _ |
| (In accordance with section 605.0203, Fig., the execution of this document constitutes an affirmation under the penalties of perjury am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provide | that the facts stated herein are true. It does not said for in s.817.155, F.S.) |
| Cynthia Reyes | |
| 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 na | ame of the Limited Liability Company is: | | | |
|---|---|--|-------|--------------|
| The Club | at Ocala Preserve LLC | | | |
| If unavail | able, the alternate to be used in the state of Florida is: | | | |
| 2. The na | ame and the Florida street address of the registered agent and office are: | | | |
| | Corporation Service Company | | | |
| | (Name) | | | |
| ٠ | 1201 Hays Street | ** | , | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | SEC | 14 | · |
| ٠., | Tallahassee - 32301 FL | AHA AHA | DEC 2 | er (grading |
| | City/State/Zip | SSE | ∾ . | - Protest |
| liability co registered statutes re | een named as registered agent and to accept service of process for the above sompany at the place designated in this certificate, I hereby accept the appoint all agent and agree to act in this capacity. I further agree to comply with the proceduting to the proper and complete performance of my duties, and I am familiate obligations of my position as registered agent as provided for in Chapter 605 | nen las ovis ions o r with and | | |
| | Corporation Service Company Jaronal 1. Suare. | | | |
| | By: Jerome L. Suarez, Assistant Secretary (Signature) | | | |
| | | | | |

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

Certificate of Status (optional)

\$ 30.00

\$ 5.00

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "THE CLUB AT OCALA PRESERVE 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 TWENTY-SECOND DAY OF DECEMBER, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE CLUB AT OCALA PRESERVE LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

14 DEC 22 AM IO: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5646101 8300

141571278

Jeffrey W Bullock, Secretary of State

AUTHENTY, CATION: 1981662

DATE: 12-22-14

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