

M15000000156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400265080404

11/10/14--01019--017 \*\*125.00

FILED  
15 JAN -7 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers | JAN 08 2015

707

524



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2014

JESSE GRIMALDI  
220 N MAIN ST SUITE 500  
GREENVILLE, SC 29601

SUBJECT: RESORT CLOSING NETWORK, LLC  
Ref. Number: W14000069423

We have received your document for RESORT CLOSING NETWORK, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 514A00024427

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

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

1. Resort Closing Network 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. South Carolina 3. 47-1866949  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/15/2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)


5. 220 N main St, Suite 500  
Greenville SC 29601  
(Street Address of Principal Office)

6. 220 N main St, Suite 500  
Greenville SC 29601  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Kenneth Lamborn - managing member  
1203 N US Hwy 1  
Ormond Beach FL 32174

8. 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)

  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties 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.)

Kenneth Lamborn.  
Typed or printed name of signee

FILED  
15 JAN -7 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 Liability Company is:

Resort Closing Network LLC.

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

2. The name and the Florida street address of the registered agent and office are:

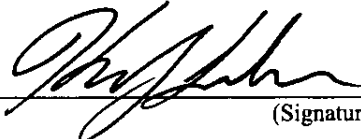
Kenneth Lamborn  
(Name)

1203 N US Hwy 1  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Ormond Beach FL 32174  
City/State/Zip

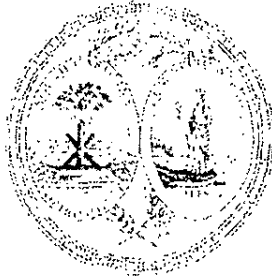
FILED  
15 JAN - 7 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 605, Florida Statutes.*

  
(Signature)

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

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

RESORT CLOSING NETWORK LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on September 22nd, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

FILED  
15 JAN - 7 AM 11:55  
SECRETARY OF STATE  
COLUMBIA, SOUTH CAROLINA

Given under my Hand and the Great Seal of the State of South Carolina this 24th day of September, 2014.

*Mark Hammond*  
Mark Hammond, Secretary of State