

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. (7)

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Foreign Limited Liability Company PCB RV Resort LLC

| Certificate of Status | 0 | |
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| Certified Copy | 0 | |
| Page Count | 05 | |
| Estimated Charge | rge \$125.00 | |

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Corporate Filing Menu

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'APR 2 3 2015

COVER LETTER

Registration Section Division of Corporations TO

SUBJECT: PCB RV Resort LLC

| Name of Limites Lisbing Company | | | |
|--|------------------------|---------------|-----|
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Existence, and check are submitted to register the above referenced foreign limited liability company to transact business." | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Kim Baeumier | | | |
| Name of Person | | | |
| Castlelake, L.P. | | | |
| Firm/Company | | | |
| 4600 Wells Fargo Center, 90 S. 7th St. | | | |
| Address | 22 | (SEE) | |
| Minneapolis, MN 55402 | 2> | BIS APR | |
| City/State and Zip Code | | کن | |
| kim,baeumler@castlelake.com | igi iz Prami | 22 | į |
| E-mail address: (to be used for future annual report notification) | نيد است. نند لومي ه | PM | į |
| For further information concerning this matter, please call: | 109K | ₹ | E A |
| Kim Baeumler <u>at 612</u> , 851-3047 | | 37 | ٠, |
| Name of Contact Person Area Code Daytime Telephone Number | | | |
| MAILING ADDRESS: Division of Corporations Registration Section Registration Section | | | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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

Certified Copy S160.00 Filing Fee, Certificate of Status & 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

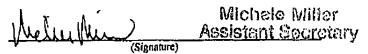
| FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | |
|---|-------------|
| I, PCB RV Resort LLC | |
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "[.L.C."] | |
| 2 Delaware | |
| (Turisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| 4 | |
| (Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty Hability) | |
| 5. 4600 Wells Fargo Center, 90 S. 7th St. | |
| Minneapolis, MN 55402 | |
| (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 manage is/are: | |
| Castlelake III GP, L.P. and Castlelake II GP, L.P., managing members | 12. |
| 4600 Wells Fargo Center, 90 S. 7th St. | To the same |
| | Fernit E |
| Minneapolis, MN 55402 | ij i |
| 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) | g Proces |
| (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the parisities of perjury that the foots stated herein are true arn aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a \$17.153, F.S.) | ,1 |
| Judd Gilats | |
| 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.

| | RV Resort LLC | |
|--------------|---|--------|
| If unavailab | ole, the alternate to be used in the state of Plorida is: | |
| 2. The nam | ne and the Florida street address of the registered agent and office are: | |
| | CT Corporation System | |
| | (Name) | |
| | 1200 South Pine Island Road | APR 22 |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| | Plantation FL 33324 | |
| | City/State/Zip | 2:37 |
| | | 3.6° |

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.



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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PCB RV RESORT 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 APRIL, A.D. 2015.

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

5732696 8300

150546525

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

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 2311715

DATE: 04-22-15