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### COVER LETTER .

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TO;	Registration Section Division of Corporations				
SUBJI					
	Name of Limited Liability Company				
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please	eturn all correspondence concerning this matter to the following:				
	Timothy M. Cullen				
	Name of Person				
	Orlando 43 Management 2, LLC				
	Firm/Company				
	1880 Office Club Pointe				
	Address				
	Colorado Springs, CO 80920				
	City/State and Zip Code				
	jim@aspen-creek.net				
	E-mail address: (to be used for future annual report notification)				
For fur	her information concerning this matter, please call:				
	Jim Sherman 719 499-5588				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				
Enclose	d is a check for the following amount:  \$\Boxed{1}\$\$125.00 \text{ Filing Fee} \Boxed{1}\$\$130.00 \text{ Filing Fee} & \Boxed{1}\$\$155.00 \text{ Filing Fee} & \Boxed{1}\$\$\$160.00 \text{ Filing Fee}, Certificate \text{ Certified Copy} \text{ 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:

1. Orlando 43 Managemen					
	- , , ,	clude "Limited Liability Company," "L.L.C.,	or "LLC.")		•
Orlando 43 Management		transacting business in Florida. The alternate	nome must in	aluda "Tim	nitad
Liability Company," "L.L.C,		transacting business in Florida. The atternate	name must m	ciude Lin	nica
Colorado		3	1n. 1 2 · · · · · · · · · · · · · · · · · ·		_
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applica	ble)		
Have not transacted an	-				
	(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, if prior to registration.) 5, F.S. to determine penalty liability)			
1880 Office Club Poin	te Colorado Springs, CO 80920		·		
	(Street Address of Princ	ipal Office)	···		
. 1880 Office Club Point	e Colorado Springs, CO 80920		<del>,</del>		
·	(Mailing Addr	ess)	<del></del>		
. Name and street addres	s of Florida registered agent: (P.O. B	Box NOT acceptable)			
Name:	David B. McCranie				
Office Address:	555 East New York Ave	through the second of the seco			
	Deland (City)	, Florida 32724 (Zip code)			
his application, I hereby	accept the appointment as registered statutes relative to the proper and co	of process for the above stated corporate agent and agree to act in this capacity. mplete performance of my duties, and I	I further ag	gree to co with and	mply
					· }
	(Registered	agent's signature)		5	PSI
3. The name, title or capa	city and address of the person(s) who	has/have authority to manage is/are:	High	2000 	
ames E. Sherman, Timot	thy M. Cullen, Michael D. Morrow		224 224	****	1
Managers			Şħ.	05	
880 Office Club Pointe C	Colorado Springs, CO 80920			_	
	of which it is organized. (If the certifi ibmitted)	ld, duly authenticated by the official havi cate is in a foreign language, a translation n authorized person			
	rue. I am aware that any false informa	s document constitutes an affirmation unation submitted in a document to the Dep			
	James E. Sherman				

Typed or printed name of signee

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

#### Orlando 43 Management 2 LLC

is a **Limited Liability Company** formed or registered on 06/15/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151390118.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/12/2015 that have been posted, and by documents delivered to this office electronically through 06/15/2015 @ 16:33:19.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/15/2015 @ 16:33:19 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9219093.



15 JUN 16 新日: 05

Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteru.do">http://www.sos.state.co.us/biz/CertificateSearchCriteru.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <a href="http://www.sos.state.co.us/click Business Center and select">http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."</a>