

6/8/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H17000154479 3)))



H170001544793ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
X FUND PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

RECEIVED
2017 JUN -8 PM 4: 07
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: 44

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M15000006180			
1. Limited Liability Company's Name X Fund Properties LLC			
2. Principal Office Address - No P.O. Box # 5780 Major Blvd.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State	
Zip 32819	Country USA	Zip	Country
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 08/05/2015	
6. FEI Number 383976413		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name C T Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent <i>Brian Mueller</i>		Assistant Secretary Brian Mueller Date 06.08.17	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
GM	Mark Politte	5780 Major Blvd.	Orlando, FL 32819
DOF	David Deskins	5780 Major Blvd	Orlando, FL 32819
11. E-mail Address: Mark.politte@hilton.com			
(To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.			
Signature of Authorized Representative/Manager <i>Mark Politte</i>		Date June 8, 2017 Daytime Phone # 407-206-9821	
Typed or printed name of signing Authorized Representative/Manager Mark Politte			

SECRETARY OF STATE
TALLAHASSEE, FLORIDAFILED
17 JUN -8 PM 4:46

CR2E041 (1/14)