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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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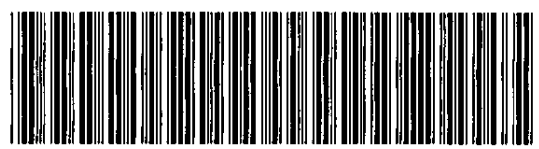
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/10/15--01039--003 **160.00

FILED
AUG 10 11 33
2015

AUG 11 2015
S. YOUNG



August 6, 2015

Sent Via: FedEx

Florida Department of State
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: OLCC Illinois, LLC; Application for Foreign Limited Liability Company for
Authorization to Transact Business in Florida**

To Whom It May Concern,

On July 24, 2015 OLCC Illinois, LLC was formed as a Delaware LLC. Enclosed please find the Application by Foreign LLC for authorization for OLCC Illinois, LLC to transact business in Florida.

Along with the application, please find a check in the amount of \$160.00 to cover the filing fee, certificate of status and certified copy as well as the certificate of formation for OLCC Illinois, LLC.

If you have any questions regarding the application please do not hesitate to contact me at 407-395-6899 or by email at avandebo@orangelake.com.

Sincerely,

A handwritten signature in cursive script that reads "Ashley Syrett".

Ashley Syrett
Legal Assistant
Orange Lake Resort
8505 W. Irlo Bronson Memorial Hwy.
Kissimmee, FL 34747
T: 407.395.6899
F: 407.239.1032
AVandeBo@orangelake.com

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLCC Illinois, 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:

Ashley Syrett

Name of Person

Orango Lake County Club

Firm/Company

8505 West Irlo Bronson Memorial Highway

Address

Kissimmee, FL 34747

City/State and Zip Code

AVandeBo@orangelake.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Syrett

407

395-6899

Name of Contact Person

at (_____) _____
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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

FILED
MAY 10 2008
TALLAHASSEE, FL

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. OLCC Illinois, 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. Delaware 3. 37-1788459
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 8505 West Irla Bronson Memorial Highway
Kissimmee, FL 34747
(Street Address of Principal Office)

6. 8505 West Irla Bronson Memorial Highway
Kissimmee, FL 34747
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.

Eileen Chaddock

(Registered agent's signature)

Eileen Chaddock, Special Asst. Secretary

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

Wilson Resort Group, LLC - Member
8505 West Irla Bronson Memorial Highway
Kissimmee, FL 34747

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

[Signature]

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Michael J. Thompson

Typed or printed name of signee

FILED
AUG 10 11 03
S

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "OLCC ILLINOIS, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2015, AT 4:42 O'CLOCK P.M.

FILED
JUL 10 PM 3:39

5791532 8100

151092570

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2592730

DATE: 07-27-15