

m15000008427

(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



900278169349

10/20/15--01016--010 \*\*130.00

FILED  
2015 OCT 20 P 1:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

OCT 21 2015

3 MASON

October 19, 2015

**VIA FEDERAL EXPRESS**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Application to Register a Foreign Limited Liability Company

Dear Secretary of State:

I am enclosing the following:

1. An executed Authoriation to Transact Business for elacora World Golf Village, LLC;
2. A Certificate of Good Standing from the State of Colorado; and
3. A check in the amount of \$130.00.

Upon acceptance kindly forward a stamped filed copy to my attention in the enclosed prepaid Federal Express.

Thank you for your help in this regard, and should you have any questions, please do not hesitate to contact me at (303) 533-1679.

Respectfully,



Andrea Marquez

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** elacora World Golf Village, 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:

Terri Soucie

\_\_\_\_\_  
Name of Person

Real Capital Solutions, Inc.

\_\_\_\_\_  
Firm/Company

371 Centennial Parkway, Suite 200

\_\_\_\_\_  
Address

Louisville, CO 80021

\_\_\_\_\_  
City/State and Zip Code

tsoucie@realcapitalsolutions.com

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

For further information concerning this matter, please call:

Terri Soucie

303

533-1658

\_\_\_\_\_  
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

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. elacora World Golf Village, 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. Colorado 3. N/A  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 371 Centennial Parkway, Suite 200  
Louisville, CO 80027  
(Street Address of Principal Office)

6. 371 Centennial Parkway, Suite 200  
Louisville, CO 80027  
(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 limited liability company 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.

Denise Bell  
(Registered agent's signature)

**Denise Bell**  
**Assistant Secretary**

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

Marcel J.C. Arsenault, Manager, 371 Centennial Parkway, Suite 200, Louisville, CO 80027  
Sharon K. Eshima, Manager, 371 Centennial Parkway, Suite 200, Louisville, CO 80027  
Real Capital Solutions, Inc., Manager, 371 Centennial Parkway, Suite 200, Louisville, CO 80027

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)

Sharon K. Eshima  
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.

Sharon K. Eshima

Typed or printed name of signee

FILED  
2015 OCT 20 P 1:15  
CLERK OF STATE  
TAMMIE E. FLORIDA

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,

**elacora World Golf Village, LLC**

is a **Limited Liability Company** formed or registered on 10/13/2015 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 20151661726.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/16/2015 that have been posted, and by documents delivered to this office electronically through 10/19/2015 @ 16:56:31.

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 10/19/2015 @ 16:56:31 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9337614.



A handwritten signature in cursive script, reading "Wayne W. Williams".

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, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> 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, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*