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Florida Department of State

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COVER LETTER

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	Larysa Castro		at care	• • • • •			
	 		Name of	Person			``
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			Firm/Con	pany			
	591 West Putna	m Avenue			•	•	
		·	Addre	88		<u> </u>	
· · ·	Greenwich, CT	06830	•				·
	<u></u>	·	City/State and	Zip Code			
	lcastro@starwood	d.com			•		
		E-mail address; (to	e used for fut	ure annual	report noti	fication)	
further infor	mation concerning	this matter, please or	all:				
Larysa	Castro		at (03	422-777	9	·
	Name o	f Contact Person		rea Code	Dayt	ime Telephone l	Number
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	ck for the followi .00 Filing Fee	ng amount: \$130.00 Filing Fe Certificate of Status		55.00 Filin fied Copy	ig Fee &	S \$160.00 Fill of Status & Ce	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANY TO TRANSACT B	USINESS IN THE STATE OF FLORIDA:	
1. SCG Atlas Sheridan O		
(Name of For	eign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC."]
Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting business in Florida. The alternate nam " or "LLC.")	ic must include "Limited
2. Delaware	3. 81-0745967	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)	
4 Upon filing	manufacture and other contracts of the contract of the contrac	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	•
5. 591 West Putnam Ave		•
Greenwich, CT 06830		ان الاستان می است
	(Street Address of Principal Office)	
6. 591 West Putnam Aver	nue .	. <u>左</u> 着 吊
Greenwich, CT 06830		C 2
	(Malling Address)	· 24 8
7 Nome and street address	s of Florida registered agent: (P.O. Box NOT acceptable)	
7. Ivanic und ancer santa	CT Corporation System	
Name:		
Office Address:	1200 South Pine Island Road	<u>,,</u> 0
,	Plantation , Florida 33324	_
	(City) (Zip code)	•
this application, I hereby with the provisions of all t the obligations of my posi	gistered agent and to accept service of process for the above stated corporation accept the appointment as registered agent and aggae to act in this capacity. I f statutes relative to the proper and complete performance of profiduties, and I am	urther agree to comply
8. The name, title or caps	city and address of the person(s) who has/have authority to manage is/are:	· ·
	n Club Holdings, L.L.C., sole member	
:-		
591 West Putnam Avenue	, Greenwich, CT 06830	
9. Attached is a certificate jurisdiction under the law of the translator must be su		sustody of records in the the certificate under oath
	Signature of an authorized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any the Department of State constitutes a third degree felony as provided for in s.817.	false information 155, F.S.
	Nick Antonopoulos/Authorized Signatory	

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCG ATLAS SHERIDAN OCEAN CLUB, L.L.C." 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-EIGHTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5900381 8300

SR# 20151537700 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10687052

Date: 12-28-15