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W16-12216

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 5Ki Celebration Holdings, LCC 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:
Brad Plager Name of Person
Ski Celebration Holdings, LLC Firm/Company
1549 Clairmont Rd Ste 201 Address
Decetar GA 30033  City/State and Zip Code  Gade whitewater express. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brad Ploeger at (404) 325-5295  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Name of Contact Person  Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\square \text{\$\square\$}\$\$ \$125.00 \text{ Filing Fee}  \text{\$\square\$}\$ \$\$ \$130.00 \text{ Filing Fee} &  \text{\$\square\$}\$ \$\$ \$\$ \$\$ \$155.00 \text{ Filing Fee} &  \text{\$\square\$}\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$



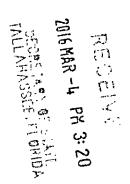
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 18, 2016

BRAD PLOEGER 1549 CLAIRMONT RD STE 201 DECATUR, GA 30033 US

SUBJECT: SKI CELEBRATION HOLDINGS, LLC

Ref. Number: W16000012216



We have received your document for SKI CELEBRATION HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 616A00003382

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

	TON 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY SINESS INTHE STATE OF FLORIDA:	
1. SK: (Namo of Fore	Celebration Holdings, LLC  Ign Limited Liability Company; in vst include "Limited Liability Company," "LLC.," or "LLC.")	
Liability Company," "L.L.C,"	emale name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited or "LLC.")	
2. (Jurisdiction under the law company is organized)	of which foreign limited liability  3. 47-5112723 (FRI muniber, if applicable)	
4. <u>Up</u>	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability)	
	mont Kd Ste Zol	
<u>Vecatur Go.</u> 6 1549 Clairn	A 30033 (Street Address of Principal Office)  Nont Rd. Sile 201	
Decatur Gr		
7. Name and atreet address	of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	InCorp Services, Inc.	
Office Address:	17000 174 Count North	
	Loxahatchee , Florida 33470 (City)	
designated in this population to comply with the provision accept the obligations of mane, little or capacity.	cistered agent and to accept service of process for the above stated limited liability company artifice place for, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree has of all statutes relative to the proper and complete performance of my duties, and I am familian with and by position as registered agent.  The Harman on black of Incomplete performance of my duties, and I am familian with and light position as registered agent.  (Registered agent's signature)  Services Incomplete performance of my duties, and I am familian with and light position as registered agent.  (Registered agent's signature)  Services Incomplete performance of my duties, and I am familian with and light position as registered agent.  (Registered agent as signature)  Services Incomplete performance of my duties, and I am familian with and light position as registered agent.  (Registered agent as signature)  Services Incomplete performance of my duties, and I am familian with and light position as registered agent.  (Registered agent's signature)  Services Incomplete performance of my duties, and I am familian with and light position as registered agent.  (Registered agent's signature)  Services Incomplete performance of my duties, and I am familian with and light position as registered agent.  (Registered agent's signature)  Services Incomplete performance of my duties, and I am familian with and light position as registered agent.  (Registered agent's signature)  Services Incomplete performance of my duties, and I am familian with and light position as registered agent and agent performance of my duties, and I am familian with and light position agent performance of my duties, and I am familian with and light performance of my duties, and I am familian with and light performance of my duties, and I am familian with and light performance of my duties, and I am familian with and light performance of my duties, and I am familian with and light performance of my duties, and I am familian wi	K
Den Stion I	THE TREE TO THE TOTAL TOTA	
	of existence, no more than 90 days old, duly authenticated by the official having custody of records in the favhich it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath omitted)	
	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Den Gilbert	
•	Typed or printed name of aignor	1

Control Number: 15084679

## STATE OF GEORGIA

### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction

Print Date Form Number : 12567793

: 08/25/2015 : Georgia

: 02/01/2016

.02/01/



Brian P. Kemp Secretary of State