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(Ad	dress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2016

FLORIDA FILING & SEARCH SERVICES

SUBJECT: DI LIDO BEACH RESORT LLC

Ref. Number: W16000022542

We have received your document for DI LIDO BEACH RESORT LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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 sall (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 016A00006228

The Contraction of the Contracti

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/25/16

NAME:

DI LIDO BEACH RESORT LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Di Lido Beach Resort LLC					
Name of Limited Liability Company						
	osed "Application by Foreign Lir e, and check are submitted to reg					
Please re	eturn all correspondence concerni	ng this matter to the following:				
	Mary Paris					
Name of Person						
	TRIAD Professional Services					
	Firm/Company					
	1720 Windward Concor	1720 Windward Concourse, Suite 390				
	Address					
	Alpharetta, Georgia 30	Alpharetta, Georgia 30005				
	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code					
	E-mail	address: (to be used for future	annual report notification)	SSS 2		
For furth	er information concerning this ma	tter, please call:				
	Mary Paris	770 at (777-2091			
•	Name of Contac			hone Number		
j	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314		STREET ADDREST Division of Corpora Registration Section Clifton Building 2661 Executive Centrallahassee, FL 323	itions ster Circle		
				00 Filing Fee, Certificate & 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: Di Lido Beach Resort 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 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Upon qualification (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 605 Lincoln Road, Fifth Floor Miami Beach, Florida 33139 (Street Address of Principal Office) 605 Lincoln Road, Fifth Floor Miami Beach, Florida 33139 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Javier Granda Name: 605 Lincoln Road, 5th Floor Office Address: Miami Beach (City) 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 complywith 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. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Paul C. Kanavos - 605 Lincoln Rd, 5th Fl, Miami Beach, FL 33139; Dayssi Olarte de Kanavos - 605 Lincoln Rd, 5th Floor, Miami Beach, FL 33139; Bruce Lazar - 605 Lincoln Rd, 5th Floor, Miami Beach, FL 33139; Diego Lowenstein - 605 Lincoln Rd, 5th Floor, Miami Beach, FL 33139 Manager 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 of an authorized person

Javier Granda

Typed or printed name of signee

This document is executed in accoldance 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.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DI LIDO BEACH RESORT LLC" 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-FOURTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DI LIDO BEACH RESORT LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2016.

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

7.1

5997091 8300 SR# 20161843083

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

Jahrey W. Bulliack, Secretary of State

Authentication: 202036291

Date: 03-24-16