5/20/2016 3:11:39 PM From: To: 8506176383(1/5)

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023
Phone: (850)205-8842
Fax Number: (850)878-5368 rnone Fax Number

Enter the email address for this business entity to be used for futurer annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company Sun TRS Sun N Fun RV Resort LLC

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Page Count	04	
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COVER LETTER

	ration Section on of Corporation	ıs -				
SUBJECT: Su	ın TRS Sun N Fun	RV Resort LLC				
Name of Limited Liability Company						
				Transact Business in Florida," Certificate of ality company to transact business in Florida		
Please return all	correspondence c	oncerning this matter to th	e following:			
	Susan R. McMas	ster				
		1	fame of Person	A CONTROL OF THE PROPERTY OF T		
	Jaffe Rnitt Heuer	r & Weiss PC				
Firm/Company						
27777 Franklin Road, Suite 2500						
		The second state of the se	Address			
	Southfield, MI	48034				
City/State and Zip Code						
	smcmaster@jaffe					
		E-mall address: (to be use	ed for future annual report no	iffication)		
For further infor	mation concerning	g this matter, please call;				
Susan	R. McMaster		at (248) 727	-1485		
	Name o	f Contact Person	Area Code	Daytime Telephone Number		
Divisio Registr P.O. Be	ING ADDRESS: on of Corporations ration Section ex 6327 assec, FL 32314	Divisi Regist Cliffor 2661 1	ET ADDRESS: on of Corporations ration Section a Building executive Center Circle assec, FL 32301	HAY 20 REFARELO AHASSEE		
	check for the f 5.00 Filing Fee	ollowing amount: \$\Boxed{\Boxesia}\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee Certified Copy	FLORA O		

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. Sun TRS Sun N Fun RV Resort LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Co	ompany," "L.L.,C.," or "L.L.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Flo Liability Company," "L.L.C," or "L.L.C,")	orida. The alternate name must include "Limited
2. Michigan 3. N/A	
(Jurisdiction under the law of which foreign limited liability (foreign limited liability company is organized)	El number, if applicable)
4. Upon filing	
(Date first transacted business in Florida, if prior to regist (See sections 605,0904 & 605,0905, F.S. to determine penalt	ration.) y liability)
5. 27777 Franklin Road, Suite 200, Southfield, MI 48034	
(Street Address of Principal Office)	
6. 27777 Franklin Road, Suite 200, Southfield, MT 48034	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/hav	e authority to manage is/are:
John B. McLaren, Sole Manager	=
TOTAL ACTION OF THE PROPERTY O	
27777 Frankin Road, Suite 200, Southfield, MI 48034	
	2
	923 O
8. Attached is an original certificate of existence, no more than 90 days of	old, duly authenticated by the official
having custody of records in the jurisdiction under the law of which it is	organized. (A photocopy is not
acceptable. If the certificate is in a foreign language, a translation of the	certificate under gath of the translator
must be submitted)	,
\mathcal{V}	
Signature of an authorized person	n .
(In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under an aware that any false information submitted in a document to the Department of State constitutes a third	the penulties of perjury that the facts stated herein are true. I
Susan R. McMaster, Authorized Repres	sentative
Typed or printed name of signee	

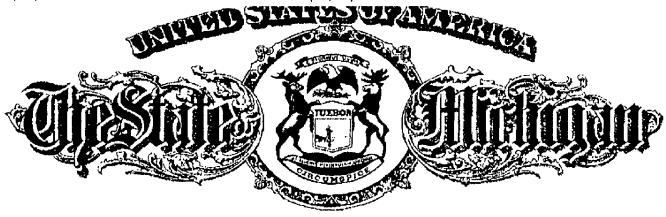
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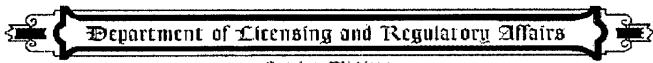
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability Company	is:				
Sun TRS Sun N Fun RV Resort LLC						
If unavailable	, the alternate to be used in the sta	ate of Florida is:				
2. The name	and the Florida street address of the	he registered agent and office are:				
	NRAI Services, Inc.					
		(Nume)				
	1200 South Pine Island Road	(DA D., MAT GEORGE DE	NA CAMBRIAN			
	morida Street Address	s (P.O. Box NOT ACCEPTABLE)				
	Plantation	FL 33324 · City/State/Zip	NI-TRUMAN			
liability comp registered age statutes relati	any at the place designated in this nt and agree to act in this capacity ng to the proper and complete perf	scept service of process for the above certificate, I hereby accept the appo y. I further agree to comply with the formance of my duties, and I am fam ed agent as provided for in Chapter	intment as provisions of all itigr with and 6057Flogila			
	NRAI Services, Inc. By: (Signature	James M. Halpin Asst. Secretary	20 A ARY OF SSEE, F			
	\$ 25.00 E \$ 30.00 C	Filing Fee for Application Designation of Registered Agent Dertified Copy (optional) Dertificate of Status (optional)	ID: 47 STATE LORIDA			

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Lansing, Michigan

This is to Certify That

SUN TRS SUN N FUN RV RESORT LLC

was validly organized on May 18, 2016 as a Limited Liability Company. Said Limited

Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission E85312

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of May, 2016

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau