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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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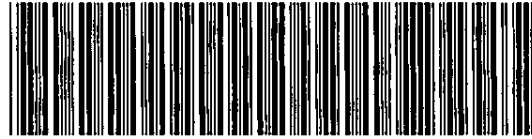
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR. 6 2017

DAVID, KAMP & FRANK, L.L.C.

ATTORNEYS AND COUNSELORS AT LAW

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March 2, 2017

VIA UPS

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32314

RE: Newport Lake Buena Vista Management, LLC

Dear Sir or Madam:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Newport Lake Buena Vista Management, LLC, together with our check in the amount of \$155, representing the filing fee and cost for a certified copy.

Please return a filed Application and Certificate to me in the enclosed self-addressed, postage-prepaid envelope.

Of course, if you have any questions, please let me know.

Very truly yours,

DAVID, KAMP & FRANK, L.L.C.



Lisa E. Bubczyk, Legal Assistant

Enclosures

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17 MAR -3 PM 9:25
TALLAHASSEE, FL
SECRETARY OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEWPORT LAKE BUENA VISTA MANAGEMENT, 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:

Lisa E. Bubczyk, Legal Assistant

Name of Person

David, Kamp & Frank, L.L.C.

Firm/Company

739 Thimble Shoals Blvd, Suite 105

Address

Newport News, VA 23606

City/State and Zip Code

Shawnb@nhg.com

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

For further information concerning this matter, please call:

Lisa Bubczyk

at (

757

Area Code

595-4500

Daytime Telephone Number

Name of Contact Person

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

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17 MAR -3 AM 9:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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. Newport Lake Buena Vista Management, 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. Commonwealth of Virginia

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. _____

(FEI number, if applicable)

4. n/a

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4290 New Town Avenue

Williamsburg, VA 23188

(Street Address of Principal Office)

6. 4290 New Town Avenue

Williamsburg, VA 23188

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

Nathan S. Giffin Asst. Secretary

(Registered agent's signature)

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

MLP Manager, LLC, by Michael L. Pleninger, Manager, 4290 New Town Avenue, Williamsburg, VA 23188

ATC Manager, LLC, by Andrew T. Cary, Manager, 4290 New Town Avenue, Williamsburg, VA 23188

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

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.

Michael L. Pleninger, Manager

Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Newport Lake Buena Vista Management, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is January 31, 2017; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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SECRETARY OF STATE
FALLMURDER, LONDA

Signed and Sealed at Richmond on this Date:

January 31, 2017



Joel H. Peck

Joel H. Peck, Clerk of the Commission