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(Re	equestor's Name)	-		
(Address)				
(Ad	Idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP		MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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17 APR 25 AN # 85

MAY 0 1 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 614740 . 4374025

AUTHORIZATION : SOULD KENDER

COST LIMIT : \$ 125.00

ORDER DATE: April 25, 2017

ORDER TIME: 12:46 PM

ORDER NO. : 614740-065

CUSTOMER NO: 4374025

FOREIGN FILINGS

NAME: HIGHPOINT CLUB TT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: Highpoint Club TT, 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:					
Michelle Kaler					
Name of Pe	rson				
Investcorp					
Firm/Company					
280 Park Avenue, 36W					
Address					
New York, NY 10017					
City/State and Zip Code					
realestate@investcorp.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Michelle Kaler at (2)	12 5994700				
Name of Contact Person Ar	ea Code Daytime Telephone Number				
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				
	5.00 Filing Fee & Signature 5.00 Filing Fee, Certificate of Status & 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Highpoint Club TT			A 11.	
(Name of Foreign	Limited Liability Company; must include "Limited I	hability Company," "L.L.C.," or "LO	C.)	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florida	. The alternate came must include "Limited	Liability Company," "L.L.C," or "LLC.")	
_{2.} DE		3		
(Jurisdiction under the low of wh	nich foreign innited hubility company is organized)	(FEI)	number, if applicable)	
4,				
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	ustration.) penalty liabitity)		
5. c/o Investcorp		_{6.} same		
(Street Address of Principal Office) 280 Park Avenue, 36W		(Mailing	(Mailing Address)	
New York, NY 10	· · · · · · · · · · · · · · · · · · ·			
New York, 191 10	017			
7 Name and street address	s of Florida registered agent: (P.O. Box)	NOT accentable)		
7. Name and succe addres	-	101_acceptable)		
Name:	Corporation Service Company			
Office Address:	1201 Hays Street	<u> </u>	بند	
	Tallahassee	, Florida <u>32301</u>	7	
	(City)	, Florida(Zip	n code)	
Registered agent's accep		e at the section		
Having been named as re	gistered agent and to accept service of pr tion, I hereby accept the appointment as t	ocess for the above stated limi	net in this canacity. I further agree	
to comply with the provisi	ion, I hereby accept the appointment as l ions of all statutes relative to the proper a	nd complete performance of i	my duties, and I am familiar with	
	s of my position as registered agent.	- 1	Melissa Zender 👺	
	Corporation Service Company By:	7	Asst. Vice President	
	(Registered agents alg		3.	
8. The name title or can	acity and address of the person(s) who has	have authority to manage is/ar	e:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
President	F. Jonathan Dracos	Vice President	H. Herbert Myers	
	c/o Investoorp 280 Park Avenue		c/o Investcorp 280 Park Avenue	
	New York, NY 10017		New York, NY 10017	
Vice President	Brian T. Kelley	Vice President	J. Michael O'Brien	
71001100:00110	c/o frivestcorp 280 Park Avenue	**************************************	c/o Investcorp 280 Park Avenue	
	New York, NY 10017		New York, NY 10017	
(Use attachments if neces	sary)			
9 Attached is a certificate	of existence, no more than 90 days old, do	ily authenticated by the officia	I having custody of records in the	
jurisdiction under the law	of which it is organized. (If the certificate	is in a foreign language, a tran	slation of the certificate under oath	
of the translator must be s	ا قاد است. ا			
	Signature of			
	Signature of	fun authorized person		
10. This document is exec	euted in accordance with section 605.0203	(1) (b). Florida Statutes. I am a	ware that any false information	
	the Department of State constitutes a third			
	H Herhert Myers			

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HIGHPOINT CLUB TT, 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-SEVENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGHPOINT CLUB TT, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2017.

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

Authentication: 202449452

Date: 04-27-17

6391749 8300 SR# 20172872431