5/30/2017

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001457263)))



H170001457263ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (512)418-6949

Phone Fax Number

: (954)208-0845

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

[icma	Address:					
CHIGTT	MODICESS:	 	 	 	 	

Foreign Limited Liability Company WAYPOINT TOLEDO CLUB OWNER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

2001

 $v_{\sim v}$

•			COVER LETTER			l
	tration Section ion of Corporatio	ns				· .:
SUBJECT:	Waypoint Toledo C	lub Owner, LLC				
SOBSECT: "			of Limited Liability	Company		* *************************************
The enclosed " Existence, and	Application by For check are submitte	reign Limited Liability C d to register the above re	Company for Authoriz Oferenced foreign lim	ration to Tra ited liability	ansact Business in F y company to transa	lorida," Certificate of ct business in Florida
Please return a	ll correspondence o	concerning this matter to	the following:			
	Rebecca Willis					
	Control appearance of the control of the last in the l	or an Wife for experiment and here the annual and all the second	Name of Person		<u></u>	- Charles and Charles
	Waypoint Resi					
	Firm/Company					The has improved the street on
		Rd. NE, Suite 1640				
	چوم چېپر څخه د خول د نمه د غمه د غمه د غمه چې په د خمه پښتر په په د خمه پښتره په د څخېپېږي. ۱۶		Address	property and the second section of the section of t		The second secon
	Atlanta, GA 30	305				
	ett til til skip helps men men til skip skip skip til skip skip skip skip skip skip skip skip	Ci	ty/State and Zip Code	promo no di dideballika masamoone d Gib M	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	rwillis@waypoir	tresidential.com				
	the same of the sa	E-mail address: (to be	used for future annua	il report not	ification)	Managara () - garagaran
For further info	ormation concerning	g this matter, please call:	:			
Rebox	cca Willis		770	817-59	50	
·	Name o	f Contact Person	at (Area Code	: Day	time Telephone Nu	mber
Divisi Regist P.O. E	LING ADDRESS: on of Corporations tration Section 30x 6327 tassee, FL 32314			Division (Registrati Clifton B: 2661 Exc	ADDRESS: of Corporations ion Section uilding coutive Center Circle ice, FL 32301	5
	heck for the follow 25.00 Filing Fee	ing amount: \$\Boxed{\Boxesia} \text{\$130.00 Filing Fee 8}\$ Certificate of Status	& 🗀 \$155.00 Fili Certified Copy		S160.00 Filing	

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. Waypoint Toledo Club (Name of Ford		ide "Limited Liability Company," "L.L.C.," or	"LLC.")
finame unavailable, enter al	lternate name adopted for the purpose of tra	unsacting business in Florida. The alternate nan	ne must include "Limited
Delaware	3	82-1667188	
	of which foreign limited liability	(FEI number, if applicable)	And the state of t
Upon filing			
And the second s	(Date first transacted business in F (See sections 605,0904 & 605,0905, I	forida, if prior to registration.) F.S. to determine opnalty liability)	-
2200 Atlantic Street, S	·	11	k as
Stamford, CT 06902			
	(Street Address of Princips	al Office)	m+
3475 Piedmont Road N		•	ALE SE
Atlanta, GA 30305	and the second	thing the confidence which is a second and the supplied t	- 5% W - 11
<u> </u>	(Mailing Address	5)	- I'm
Name and street address	s of Florida registered agent: (P.O. Bo	v NOT accentable)	TARY HASSE
. I tame and all ber addica	-	A 1330 1 acceptatory	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road	Appendix marriam of PATES and a sparring section is 1989 pt 1941	SIAT
	Plantation	, Florida 33324	
	(City)	(Zip code)	
lexignated in this applica o complywith the provisi	tion, I hereby accept the appointment on so all statutes relative to the proper my position as registered agent. CT corporation System	process for the ubove stated limited liable as registered agent and agree to act in the rand complete performance of my duties fent's signature) Mark Holloway, Ass	is capacity. I further agree s, and I am familiar with and
R. The name title or cans	acity and address of the person(s) who b	ons/have outhority to manage is/are:	
•	vestors 1.P - Sole Member		
2200 Atlantic Street, Suin	c 520	reaching the second section of the second section of the second section is a second section of the section of the second section of the section of the second section of the se	eller différé en derma se armillerétes
Slamford, CT 06902		ر در در میشود به در	
	of which it is organized. (If the certifica	, duly authenticated by the official having atc is in a foreign language, a translation o	
	Sibnedibondia	authorized person	
	continuate (it and a	manjorized person	
	in accordance with section 605.0203 ((b), Florida Statutes. I am aware that an hird dogree felony as provided for in s.817	

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "WAYPOINT TOLEDO CLUB OWNER, 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 THIRTIETH DAY OF MAY, A.D. 2017.

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

6422631 8300

SR# 20174270895

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

Jeffrey W. Bulletin, Secretary of State.

Authentication: 202619246

Date: 05-30-17