08/04/2017 10:45 FAX

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APPLICATION BY FO	REIGN LIMITED LIABIL	JTY COMPANY FOR AUTHORIZATIC IN FLORIDA	ON TO TRANSACT BUSIN
COMPANY TO TRANSACT BUS	SENESS IN THE STATE OF FLOR		STER A FOREKGN LIMITED UA
(Name of Foreign L	Limited Liability Company; must in	clude "Lunited Liability Company," "L.L.C.," or "LLC	
	inc adopted for the purpose of transacting	business in Florida. The alternate mane ment include "Limited	Liability Company," "LLC," or "LLC.")
2. Delaware (Jurisdiction under the law of wh	ich foreign familed liability company is or	3. <u>82-1770884</u> (FEI m	mather, if applicable)
	-		
4	(Date hast transacted business in Fa (See sections 605,0904 & 605 0966	onda, if prior to regisitation () (, F.S. to determine peralty liability)	
5. 100 Sea Ray Drive		6. 100 Sea Ray Drive	Address
S. (Street Address of P Merritt Island, Florida)		Merritt Island, Florida 3	
7. Name and <u>street addres</u> Name:	CT CORPORATION SYS	(P.O. Box <u>NOT</u> acceptable) TEM	
Office Address	1200 S Pine Island Rd #25	υ	
Office Address:			
	Plantation (, Florida <u>33324</u> (Zep	
Registered agent's accep Having been named as re designated in this opplica m cample with the provisi	Plantation () () () () () () () () () () () () ()	, Florida 33324 (240) I service of process for the above stated limit pointment as registered agent and agree to the proper and complete performance of t	ited liability company at the j act in this capacity. I further
Registered agent's accep Having been named as re designated in this applica to comply with the provisi and accept the obligation	Plantation () plance: rgistered agent and to accept rtion, I hereby accept the app ions of all statutes relative to is of my position as registere [Box 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	, Florida <u>33324</u> (24) (25) (25) (25) (25) (25) (25) (25) (25	ited liability company at the j act in this capacity. I further my dusies, and I am familiar
Registered agent's accep Having been named as re designated in this applica to comply with the provisi and accept the obligation	Plantation () () () () () () () () () (, Florida <u>33324</u> (24) (25) (25) (25) (25) (25) (25) (25) (25	ited liability company at the j act in this capacity. I further my dusies, and I am familiar
Registered agent's accep Having been named as re designated in this applica to comply with the provise and accept the obligation 8. The name, title or caps <u>Title or Capacity:</u>	Plantation () () () () () () () () () (, Florida <u>33324</u> (24) (25) (25) (25) (25) (25) (25) (25) (25	ited liability company at the j act in this capacity. I further my duties, and I am famillar
Registered agent's accep Having been named as re designated in this applica to comply with the provise and accept the obligation 8. The name, title or caps <u>Title or Capacity:</u>	Plantation () () () () () () () () () (, Florida <u>33324</u> (Ziv)	ited liability company at the f act in this cupacity. I further my duties, and I am famillar Name and Address:
Registered agent's accep Having been named as re designated in this applica to comply with the provise and accept the obligation 8. The name, title or caps <u>Title or Capacity:</u>	Plantation () () () () () () () () () (, Florida <u>33324</u> (Ziv)	ited liability company at the j act in this capacity. I further my duties, and I am famillar
Registered agent's accep Having been named as re designated in this applica to comply with the provise and accept the obligation 8. The name, title or caps <u>Title or Capacity:</u>	Plantation () tance: egistered agent and to accept the applications of all statutes relative (as of my position as registere (5/ Mador (R) acity and address of the person Name and Address	, Florida <u>33324</u> (Ziv)	ited liability company at the j act in this capacity. I further my duties, and I am famillar

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of the translator must be submitted)

10. This document is executed in accordance with section (195,003 (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.

Signature of an automized person
TUED NASH

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ATTACHMENT TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA OF ARNOTT ULTIMATE, LLC

Item 8 (continued):

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

Title or Capacity	Name and Address	
President and Manager	Adam M. Arnou 9868 Kilgore Road Orlando, Florida 32836	
CEO, CFO, Treasurer, Secretary and Manager	Todd E. Nash 100 Sea Ray Drive Merritt Island, Florida 32953	;
Manager	Mark Williamson 580 California Street, 22nd Floor San Francisco, California 94104	
Manager	Ethan Thurow 580 California Street, 22nd Floor San Francisco, California 94104	
Manager	Andrew Holmes 580 California Street, 22nd Floor San Francisco, California 94104	
Manager	Bruce Zorich 1185 Lake Shore Overlook Alpharetta, Georgia 30005	 - - -



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARNOTT ULTIMATE, 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 TWELFTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARNOTT ULTIMATE, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, A.D. 2017.

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

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SR# 20174696347 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202690844

Date: 06-12-17