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115 N CALHOUN ST., STE 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL COM

Account#: 1200000000088

Date:	
Name: Merritt Knickle	1
Reference #:	
Entity Name: CONCERT FOUNTAINS, LLC	
Articles of Incorporation/Authorization to Transact Business	
Amendment	
☐ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	;
Fictitous Name	
Other	
	1
Authorized Amount: \$125 Signature:	

OCORPORATE HO

COGENCY GLOBAL INC. 10 E 40" ST, 10 " FL NY, NY 10016 800.221.0102 +1.212.947.7200

@EUROPEAN HQ

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COGENCY GLOBAL (HK) LIMITED A HONG KONGLI WITER COMPANY INFINITUS PLAZA, 12° FL 199 DES VOEUX PD CENTRAL HONG KONG +852.3975.1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	Concert Fr	Intains, LLC	<u> </u>
(Name of Foreign	Limited Liability Company; must include "Li	ited Liability Company," "L1_C.," or "L1_C.")	
III nome unavailable, emer alternate n	ame adorsed for the purpose of transactine business	Florida. The alternate name strust include "Limited Liability Com	The last terms of the last ter
7	Delaware	3	ī
(Jurisdiction under the law of w	nich foreign lamied liability company is organized)	(FEI number, if appl	eable)
4	(Dave first transacted business in Florida if re-	in programus 1	
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605 0905, F.S. to de	muse penalty liability)	1
5. 4467 F	ountains Dr.	6. 1 Coastal Oak (Mailing Address)	
	Worth, FL	Newport Coast, CA	. 1
	33467	92657	
			i
 Name and street address 	s of Florida registered agent: (P.O. I	>x NOT acceptable)	!
Name:	COGENCY GLOBA	.INC.	
Office Address:	115 North Calhoun Stre	t, Suite 4	
	Tallahassee	Florida 32301	
		, , , , , , , , , , , , , , , , , , , ,	
Having been named as re	gistered agent and to accept service	(740 code) f process for the above stated limited liabili.	
designated in this applica to comply with the provis	lance; gistered agent and to accept service tion, I hereby accept the appointme	(7:p code)	capacity. I further agree
Having been named as re designated in this applica to comply with the provis and accept the obligation 8. The name, title or cap	stance; gistered agent and to accept service stion, I hereby accept the appointment ions of all statutes relative to the pro- s of my position as registered agent. [Regulated agent and address of the person(s) wh	(749 code) If process for the above stated limited liability or registered agent and agree to act in this er and complete performance of my dutles, ASSISTATISTATISTATISTATION (349 code) Assistant has/have authority to manage is/are:	capacity. I further agree and I am familiar with
Having been named as re designated in this applica to comply with the provis and accept the obligation	Nance; egistered agent and to accept service stion, I hereby accept the appointment ions of all statutes relative to the pro- s of my position as registered agent. [Regulated ag	(749 code) If process for the above stated limited liability or registered agent and agree to act in this er and complete performance of my dutles, ASSISTATISTATISTATISTATION (349 code) Assistant has/have authority to manage is/are:	capacity. I further agree and I am familiar with
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Having been named as redesignated in this applicate comply with the provisuand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	resistence: registered agent and to accept service stion, I hereby accept the appointment tions of all statutes relative to the pro s of my position as registered agent. Regulared ap active and address of the person(s) who Name and Address: Peter J Nanula 1000110011	(749 code) If process for the above stated limited liability or registered agent and agree to act in this er and complete performance of my dutles, ASSISTATISTATISTATISTATION (349 code) Assistant has/have authority to manage is/are:	capacity. I further agree and I am familiar with
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Having been named as redesignated in this applicate comply with the provisuand accept the obligation 8. The name, title or cap <u>Title or Capacity:</u> Managing Member of Managing (Use attachments if necessary)	stance: In the service agent and to accept service Ition, I hereby accept the appointment of all statutes relative to the properties of my position as registered agent. IRegulared appointment of the person(s) when the person of the perso	(74) code) If process for the above stated limited liability as registered agent and agree to act in this er and complete performance of my duties, ASSISTANT SCCY2.CT. Is signweet. has/have authority to manage is/are: Title or Capacity: Nan	capacity. I further agree and I am familion with
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap Title or Capacity: Managing Mamber of Managing Mana	stance; rgistered agent and to accept service stion, I hereby accept the appointment so f my position as registered agent. Regulared ag acity and address of the person(s) wh Name and Address: Peter J Nanula 1 Common Neuron Canal CA 12207 sary) of existence, no more than 90 days of which it is organized. (If the certification, I have a constant and the control of the certification of the certifi	(749 code) If process for the above stated limited liability or registered agent and agree to act in this er and complete performance of my dutles, ASSISTATISTATISTATISTATION (349 code) Assistant has/have authority to manage is/are:	capacity. I further agree and I am familiar with ne und Address:

Peter J. Nanuta, Managing Member of FC Golf GP II, LLC, the Sole Manager of Concert Fountains, LLC

Typed or printed tashe of signer.

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CONCERT FOUNTAINS, 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 SIXTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONCERT FOUNTAINS, LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 203519907

Date: 11-06-17

6602303 8300 SR# 20176944467

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