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8

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 FOREKON. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Dornoch Holdings	i, LLC Limited Liability Company; must include "Limited	Liability Comp	any." "L.L.C" or "LLC.")	
Dornoch Holdings C				
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate n	ame must include "Limited Liability Con	npany," "L.L.C." or "LLC.")
> NORTH CAROLIN	A	3. N/A		
(Jurisdiction under the law of w	nich foreign innited kability company is organized)	•	(FEI number, if app	dicable)
4. UPON QUALIFIC	ATION	44 •		
	(Date first transacted husiness in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determine	rgistration) se penalty fiability?		
5 14401 Sports Clu	-	6. 1490	01 Sports Club Way	<u> </u>
USireet Address of I Orlando Florida 3283	•	Oria	ndo Florida 32837	
		·····		
,	t			NE - M
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> accept	able)	
Name:	Registered Agents Inc.		_	STA D
Office Address:	3030 N. Rocky Point Dr. STE	150A ¹¹	_	5
	Татра		_, Florida <u>33607</u>	•
	(City)		(Zip unde)	

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.

		Kill An	men	
		(Registered agent's	signature)	
8.	The name, title or capacity Title or Capacity:	and address of the person(s) who have a set of the person (s) who	as/have authority to manage is/are:	Name and Address:
	MEMBER	Frank J. Denniston	MENIBER	W. Douglas White
		5613 Lick River Lane		1384 Forestedge Blvd.
		Galnesville, VA 20155	- !::	Oldsmar, FL 34877

(Use attachments if necessary)

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)

10. 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.

	Signature of an authorized p	LT5-78
RILEY PARK		
	Typed or printed name of s	ignee
	18	the set



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

DORNOCH HOLDINGS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 4th day of May, 2017, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Reverse Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

8 221 PH 12:

m





Scan to verify online.

Certification# 102718181-1 Reference# 14583273- Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification IN WITNESS WHEREOF, I have hereunto set my hind and affixed my official seal at the City of Realight, his 2nd day of May, 2018.

6 Jaine I. Marshall

Secretary of State

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