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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA0000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

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

Email Address:\_\_

## Foreign Limited Liability Company The Surf RV Resort LLC

Certificate of Status	0
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Page Count	04
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGY LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

THE SURF RV RESC	ORT LLC				
(Nume of Foreign	Limited Liability Company, must include "Limited	Laubility	v Company," "L1,C," or "f1,C.")	***************************************	
name unavailable, enter alternate n	time adopted for the purpose of transacting business in Flor	nda. The al	ternate name must include "Lumned Carrilly Company	y," "L1LC;" or "11.C;")	
ILLINOIS	nich foreige lemited liability company is crathized?		82-2725550		
UPON QUALIFICAT			W = 100000 Cqq	~,	
	(Date that transacted business at I loads, if prior to a (See sections 605 0704 & 600,0005, P.S. to determine	ogististion ne penalty	i.) hahlay)		
6547 N. Avondale A	ve., Ste. 301	6.	6547 N. Avondale Ave., Ste. 301		
entree Address of	Incorpat Office)		(Mailing Adders)		
Chicago. Illinois 60631			Chicago, Illinois 60631		
•				7. 8	
Name and street address	g of Florida registered agent: (P.O. Box	<u>NOT</u> :	acceptable)	IB FEB 19	
Name:	NRAI SERVICES, INC.	· · · · · · · · · · · · · · · · · · ·		9 A	
Office Address:	1200 SOUTH PINE ISLAND ROAD		<del></del>	AM ID: 5	
	PLANTATION		33324 , Florida	Dr. 9	
	(150)		(Zsp.code)		

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 abligations of my position as registered agent.

NRAI SERVICES. INC.

By Nathan Giffin, Assistant Secretary

Output Condition of Secretary

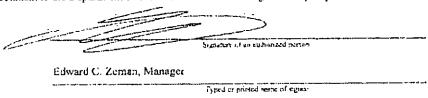
manage [up to six (6) total]:

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■ Manager  Member	Name: Falward C. Zeman  Name: 6547 N. Avondale Ave., Ste. 301  Address: Chicago, Illinois 60631	☐ Manager	Name:
Person  Other		Authorized Person Other:	Other
☐Manager ☐Member ☐Authorized Person ☐CEO	Name:    Jeffrey J. Fannon	Manager  Member  Authorized  Person  Other	Name:  Address:  Other
Manager  Member  Authorized  Person  CFO	Name: Mark P. Councily  Address: 6547 N. Avandale Ave., Ste. 301  Chicago, Illinois 60631	Manager Member Authorized Person Other	

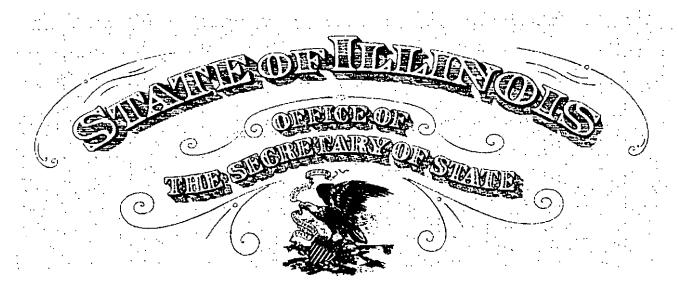
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting parties of Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form:

- 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 fellows as provided for in \$.817,155, F.S.



File Number

0739962-6



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE SURFIRV RESORT LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 27, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of FEBRUARY A.D.

Authentication #; 1905001726 verifiable until 02/19/2020 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE