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COVER	LETTER
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Registration Section Division of Corporations

TO:

eup reer	SILVERLEAF RESORTS, LLC					
SUBJECT:	Name of Limited Lia	bility Company				
The enclosed Existence, an	"Application by Foreign Limited Liability Company for Audience are submitted to register the above referenced foreign	thorization to Transact Business in Florida." Certificate of gn limited liability company to transact business in Florida.				
Please return	all correspondence concerning this matter to the following:					
	LEE VAUGHAN					
	Name of Pers	on				
	SILVERLEAF RESORTS, LLC					
Firm/Company						
	1201 ELM STREET, SUITE 4600					
	Address					
	DALLAS, TX 75270					
	City/State and Zip	Code				
	LVAUGHAN@ORANGELAKE.COM					
	E-mail address: (to be used for future	annual report notification)				
For further in	formation concerning this matter, please call:	CAR JUN				
LEE VAUGHAN at (407		Code Daytime Telephone Number:				
	Name of Contact Person Area	Code Daytime Telephone Number:				
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Pleas		STATE 155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy				

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

IN COMPLIANCE WITH SECTION 605 (602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. Silverleaf Resorts							
(Name of Foreign	Limited Liability Company, must include "Limit	ed Liability (Company," "L.L.C.	" or "LLC.")			
(If name unavailable, enter alternate is	ime adopted for the purpose of transacting business in Fl	onda, The alte	mate name must inclu	de "Limited Liability Co	rempany," "LilL C."	'or "LLC	,
_{2.} Texas		3					
(Jurisdiction under the law of wh	nch foreign himited hability company is organized)			(FEI number, il ap	opticables		
4. 03/31/2019							
	(Date first transacted business in Florida, it prior to (See sections 605 0904 & 605 0905, F.S. to determ				-		
_{5.} 8505 W Irlo Bron	son Memorial Hwy	6.	8505 W Irlo	Bronson Me	morial Hv	vy	
(Street Address of F	rincipal Office)	۰, _		(Mailing Address)			
Kissimmee, FL 34747		Kissimmee, FL 34747					
					JA!	19	
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> ac	ceptable)		ALEX SEC	OI NUL	7 11 1
Name:	NRAI Services, Inc.					PM 4: 52	E
Office Address:	1200 South Pine Island Roa	đ			IAI'E BRIDA	: 52	
	Plantation		. Florida	33324			
	(City)			(Zip 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 obligations of my position as registered agent.

(Registered agent's signature) Patricia A. Boverie, Asst Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Thomas R. Nelson Name: Brian T. Lower ■Manager Manager Address: 8505 W Irlo Bronson Address: 8505 W Irlo Bronson Member Member Memorial Hwy Memorial Hwy Authorized Authorized Kissimmee, FL 34747 Kissimmee, FL 34747 Person Person Other_ Other_ Other Other Name: Sonya Dixon Name: Michael J. Thompson Manager Manager Address: 8505 W Irlo Bronson Address: 8505 W Irlo Bronson Member ☐ Member Memorial Hwy Memorial Hwy Authorized Authorized Kissimmee. FL 34747 Kissimmee, FL 34747 Person Person Other Other Other Name: Christina Hatfield Manager ☐ Manager Address: 1201 Elm Street Member Member Suite 4600 Authorized Authorized Dallas, TX 75270 Person Person Other_ Other____ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 felony as provided for in s.817.155, F.S. Michael Thom

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



David Whitley Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Silverleaf Resorts, LLC (file number 803279271), a Domestic Limited Liability Company (LLC), was filed in this office on March 29, 2019.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: March 31, 2019

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 01, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

David Whitley Secretary of State