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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO INVESTMENT PROPERTY LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PAMELA ECCLESTON
Name of Person

ECCLESTON INTERNATIONAL TAX
Firm/Company

209 PALMETTO ST.
Address

AUBURNDALE, FL 33823
City/State and Zip Code

pam.eccleston@eccleston.tax
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Eccleston at (407) 530 0124
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ORLANDO INVESTMENT PROPERTY LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. North Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 14501 GROVE RESORT AVE # 3236
(Street Address of Principal Office)

6. ECCLESTON INTERNATIONAL T.
(Mailing Address)

The Grove Resort & Spa.

209 Palmetto Street

Winter Garden, FL 34787

Auburndale, FL 33823

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ECCLESTON INTERNATIONAL TAX.

Office Address: 209 Palmetto Street

Auburndale, Florida 33823
(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.

PM Eccleston
(Registered agent's signature)

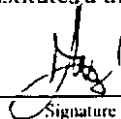
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>Eliza Marci</u>		<input type="checkbox"/> Manager	Name:	<u>Amanda Patterson</u>	
<input checked="" type="checkbox"/> Member	Address:	<u>4 Church Hill</u>		<input checked="" type="checkbox"/> Member	Address:	<u>217 Glebe Road</u>	
<input checked="" type="checkbox"/> Authorized		<u>Hollywood BT18 90S N.Ireland</u>		<input checked="" type="checkbox"/> Authorized		<u>Belfast BT36 6NE N.Ireland</u>	
	Person	_____			Person	_____	
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input checked="" type="checkbox"/> Other	<u>Organizer</u>	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name:	_____		<input type="checkbox"/> Manager	Name:	_____	
<input type="checkbox"/> Member	Address:	_____		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized		_____		<input type="checkbox"/> Authorized		_____	
	Person	_____			Person	_____	
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name:	_____		<input type="checkbox"/> Manager	Name:	_____	
<input type="checkbox"/> Member	Address:	_____		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized		_____		<input type="checkbox"/> Authorized		_____	
	Person	_____			Person	_____	
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. 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 felony as provided for in s.817.155, F.S.



Signature of an authorized person

ELISA M MARCOI

Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

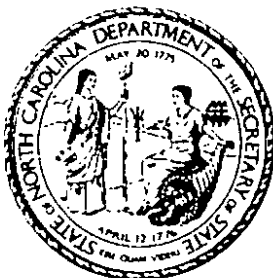
CERTIFICATE OF EXISTENCE (Limited Liability Company)

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

ORLANDO INVESTMENT PROPERTY LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 21st day of April, 2020

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of May, 2020.

Elaine F. Marshall

Secretary of State

ELIZA M MARCOI
2035 GLENN VALLEY LN APT 105
INDIAN TRAIL NC 28079-0198

110

6619530 NC
73507

June 4th 2020
Date

Florida Department of State
One hundred and twenty five Ave

Dollar



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For Business Authorization FL

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AMERICA THE REALITY