

2/25/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****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
EPB MANAGEMENT II, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2021 FEB 25 AM 11:00

2/25/2021 11:00 AM

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPB Management II, 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.

ATTN: Legal Dept.

Name of Person

KSL Resorts

Firm/Company

18575 Jamboree Road, Ste. 500

Address

Irvine, CA 92612

City/State and Zip Code

legal@kslresorts.com

E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call.

Name of Contact Person

at (_____) _____
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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

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

1. EPB Management II, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(Tax number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration;
(See sections 605.004 & 605.005, F.S. to determine penalty liability))

100 S Ocean Blvd, Manalapan, FL 33462

5. (Street Address of Principal Office)

18575 Jamboree Road, Ste. 500

6. (Mailing Address)

Irvine, CA 92612

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

Name

Corporation Service Company

Office Address.

1201 Hays Street

Tallahassee

(City)

Florida

32301

(Zip code)

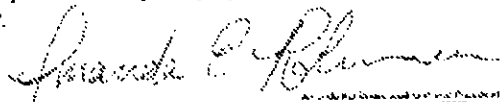
Registered agent's acceptance:

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.

Corporation Service Company

By.

(Registered agent's signature)


An individual who is not the President

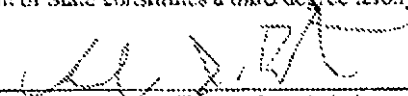
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Scott Dalecio</u>	<input type="checkbox"/> Manager	Name: <u>Jamies Struthers</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>18575 Jamboree Road, Ste. 500</u>	<input type="checkbox"/> Authorized	<u>18575 Jamboree Road, Ste. 500</u>
Person	<u>Irvine, CA 92612</u>	Person	<u>Irvine, CA 92612</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Claude Brock</u>	 <input type="checkbox"/> Manager	Name: <u>Samuel J. Barton</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>18575 Jamboree Road, Ste. 500</u>	<input type="checkbox"/> Authorized	<u>18575 Jamboree Road, Ste. 500</u>
Person	<u>Irvine, CA 92612</u>	Person	<u>Irvine, CA 92612</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Ross Greenman</u>	 <input type="checkbox"/> Manager	Name: <u>Ed Eynon</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>18575 Jamboree Road, Ste. 500</u>	<input type="checkbox"/> Authorized	<u>18575 Jamboree Road, Ste. 500</u>
Person	<u>Irvine, CA 92612</u>	Person	<u>Irvine, CA 92612</u>
<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

Sam Barton

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EPB MANAGEMENT II, 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPB MANAGEMENT II, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2021.

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



5233613 8300

SR# 20210613637

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202585989

Date: 02-24-21