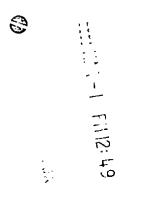
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(R	equestor's Name)					
(A	ddress)					
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PICK-UP		MAIL				
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Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
Special Instructions to	S Filing Oπicer:					

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115 N CALHOUN ST., STE. 4. TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

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Account#: 120000000088

Date:	02/26/2021		
	Marcel Ogbonna-An	nu	
Reference #	1334151		2021
Entity Name	e:TIME	BERS EXCHANGE LLC	2.75.75.75.75.75.75.75.75.75.75.75.75.75.
-			
✓ Articl	les of Incorporation/Autho	rization to Transact Business	: :102
Ame:	ndment		
☐ Char	nge of Agent		ANY ISSUES, CALL MARCEL:
☐ Rein	statement		(518) 213 - 0826
☐ Conv	version		Thank you!
☐ Merg	er		
Disso	olution/Withdrawal		
☐ Fictit	ious Name		
✓ Othe	CERTIFIED COPY OF	THE FILING AND GOOD STAND	ING CERTIFICATE
Authorized /	Amount: <b>\$160.0</b>	00	
Signature: _	mancel og bon		

F: 800.944.6607

### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations			
SUBJ	Timbers Exchange LLC			
SOLA.	Name of Limited Liability Company			
The en	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:			
	Dania Johnson			
	Name of Person			
	Timbers Resorts Management			
	Firm/Company			
	1031 W Morse Blvd Suite 350			
	Address . To			
	Winter Park FL 32789			
City/State and Zip Code				
	djohnson@timbersresorts.com 근걸 호			
	E-mail address: (to be used for future annual report notification)			
For fu	ther information concerning this matter, please call:			
	Dania Johnson at ( 407 ) 775-2051			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\int\\$\$ \$125.00 \text{ Filing Fee} \int\\$\$ \$\$ \$130.00 \text{ Filing Fee} & \int\\$\$ \$\$ \$155.00 \text{ Filing Fee} & \int\\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$			

## 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					
(Name of Foreign	Limited Liability Company; must include "Lim	ited Liability Compar	y," "E.L.C.," or "LLC.")		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in	Florida. The alternate nan	ne must include "Limited Liability C	ompany," "L.L.C," or "LLC.")	
2. COLOR	ADO	3	20-3383682		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if i	pplicable)	
4	(Date first transacted business in Florida if price	to projetostava )		_	
1031 W Morse Rhyd Su	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to detaite 350 Winter Park FL 32789		V Morse Blvd Suite 350 W	inter Park FI 32789	
_	Principal Office)	6	(Mailing Address)		
(Street Address of	Principal Office)		(Mailing Address)		
7. Name and street addres	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptat	ole)	#: 04 #: 04	
Name;	COGENCY GLOB	AL INC.			
Office Address:	115 North Calhoun S	St. Suite 4			
	Tallahasse	<u>e</u>	Florida <u>32301</u> (Zip code)	_	
designated in this applicate to comply with the provise	otance: egistered agent and to accept service of ution, I hereby accept the appointment ions of all statutes relative to the prop as of my position as registered agent.	t as registered age	ent and agree to act in th	is capacity. I further agree	
	Rodn	ey Waller		_	
	(Registered agen	₽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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Gregory Spencer Name: Manager | Name: Member Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other\_ Other\_\_\_\_ Other\_\_\_ Other\_\_\_ Manager \_\_ Manager Name: ■ Member Address: \_\_\_\_\_\_\_\_ Member Address: Authorized Authorized Person Person Other Other Other Other Manager Name: Manager Manager Name: \_\_\_\_ Member Address: \_\_\_\_\_ Member Address: \_\_\_\_\_\_\_\_ Authorized Authorized 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 1203 (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.

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Timbers Exchange, LLC

is a

#### Limited Liability Company

formed or registered on 08/25/2005 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20051323752.

This certificate reflects facts established or disclosed by documents delivered to this office on paper prought 02/25/2021 that have been posted, and by documents delivered to this office electronically through 02/26/2021 @ 11:36:02

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed; and issued this official certificate at Denver, Colorado on 02/26/2021 @ 11:36:02 in accordance with applicable law. This certificate is assigned Confirmation Number 12976131



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.vos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions,"