

M21000003084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

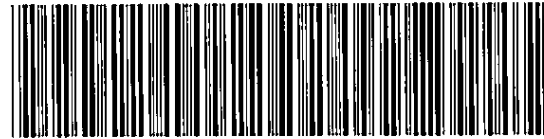
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700362033327


21 MAR 17 PM 2:43
OFFICE OF THE
CLERK OF THE
COURT

2021 MAR 17 PM 1:51
APPROVED
AND
FILED
OFFICE OF THE
CLERK OF THE
COURT

MAR 18 2017

K. Brumley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 715218 4302216
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : March 17, 2021

ORDER TIME : 10:49 AM

ORDER NO. : 715218-005

CUSTOMER NO: 4302216

FOREIGN FILINGS

NAME: EPB OPERATING ASSETS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EPB Operating Assets, 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:

Ross Greeman

Name of Person

KSL Resorts

Firm/Company

18575 Jamboree Road Suite 500

Address

Irvine, CA 92612

City/State and Zip Code

rgreeman@kslresorts.com

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

For further information concerning this matter, please call:

Cynthia Mendoza

949

617-5100

at (_____) _____

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. EPB Operating Assets, 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. Delaware 3. 86-2227132
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A - no business prior to registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 18575 Jamboree Road 6. 18575 Jamboree Road
(Street Address of Principal Office) (Mailing Address)
Irvine, CA 92612 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 32301
(City) (Zip code)
Florida

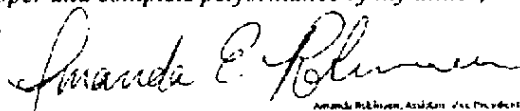
2021 MAR 17 PM 1:51
FILED
ARNDT

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:


Amanda Robinson, Assistant Vice President

(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Sam Barton

☐ Member Address: 18575 Jamboree Road

☒ Authorized Suite 500

Irvine, CA 92612

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: Ross Greeman

☐ Member Address: 18575 Jamboree Road

☒ Authorized Suite 500

Irvine, CA 92612

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: Ed Eynon

☐ Member Address: 18575 Jamboree Road

☒ Authorized Suite 500

Irvine, CA 92612

Person

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Claude Brock

☐ Member Address: 18575 Jamboree Road

☒ Authorized Suite 500

Irvine, CA 92612

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: James Struthers

☐ Member Address: 18575 Jamboree Road

☒ Authorized Suite 500

Irvine, CA 92612

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: Scott Dalecio

☐ Member Address: 18575 Jamboree Road

☒ Authorized Suite 500

Irvine, CA 92612

Person

☐ Other _____ ☐ 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.

Samuel J Barton

Digitally signed by Samuel J Barton
DN: cn=Samuel J Barton, o=KSL Resorts, ou=Corporate,
email=sbarton@kslresorts.com, c=US
Date: 2021.03.16 11:15:13 -0700

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 OPERATING ASSETS, 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 SEVENTEENTH DAY OF MARCH, A.D. 2021.

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

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



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.

5206264 8300

SR# 20210937198

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

Authentication: 202751970

Date: 03-17-21