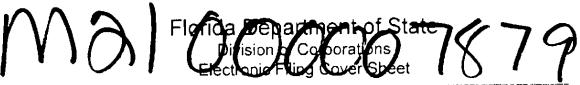
6/22/2021

Division of Corporations



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Foreign Limited Liability Company FORT LAUDERDALE MOTORCOACH RESORT & YACHT CLUB, LLC

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From: Shalley Dunkelberger

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 HABILITY COMPANY TO TRANSACT RESIDENS. IN THE SECTE OF FLORIDA:

	MOTORCOACH RESORT AND YAC imited Liability Company; must include "Limited	Liabilit	, Company, " "[A.,C.," or "LLC.")	
name unavailable, enter afternate is	ume adopted for the purpose of transacting business in He	enda Hic	alternate name must include "Limited Liability Company," "L.E.C.	." ox "1,1,U"
DELAWARE			N/A	
	nich foreign limited hability company is organized)	3.	(FEL numbre, it applicable)	
UPON REGISTRATIC	N			
	(Date first transacted business in Florida, if prior to t (See sections 605,0904 & 605,0905; F.S. to determin	egistratio ne penalty	n) hability)	
2323 STATE RD 84			2323 STATE RD 84	
(ce) Address of Principal Office)		6.	(Mailing Address)	
FORT LAUDERDALE			FORT LAUDERDALE, FL 33180	
		NOL		
	ss of Florida registered agent: (P.O. Box CORPORATION SERVICE COMPA)		2021	
Name: Office Address:			2021 JUH 22 81 ALL JOH 1	
Name:	CORPORATION SERVICE COMPANION SERVICE		2021 JUH 22 81 ALL JOH 1	
Name:	CORPORATION SERVICE COMPAN 1201 HAYS STREET		2021 JUN 22 S SALE ASS	

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From: Shelley Dunkelberger

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: FL MRYC MEZZANINE, LLC □Manager Name: _____ **■**Manager Address: 2323 STATE RD 84 Address: ______ ☐ Meinber □Member FORT LAUDERDALE, FL 33180 □ Authorized ☐ Authorized Person Person Other____ Other____ □Other_____ □Other___ Name: ______ Name: □ Manager □Manager ☐ Member Address: ☐ Mcimber Address: ☐ Authorized □ Authorized Person Person □Other ______ ☐Other_____ Other____ □Other ____ Name: ______ □Manager Name: _____ Manager Address: □Member □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 filling your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 40 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) (5), Florida Statutes. I am aware that any false information submitted in a document to the Department of Size constitutes a third degree felony as provided for in s.817.155, F.S. ignature of an authorized person

Typed or printed name of signed

GARY CIOFFI

Delaware
The First State

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Page 1

From: Shelley Dunkelberger

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FORT LAUDERDALE MOTORCOACH RESORT AND

YACHT CLUB, 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-FIRST DAY OF

JUNE, A.D. 2021.

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

Authentication: 203491200

Date: 06-21-21

5999298 8300 SR# 20212502286

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