

8/9/2021

Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
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****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
XANTERRA ADVENTURE COMPANIES, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
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TALLAHASSEE, FLORIDA

Electronic Filing Menu

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Help

2021

2021

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. Xanterra Adventure Companies, 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. Vermont 3. 32-0147018
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

| | |
|---|---|
| 5. <u>426 Industrial Avenue</u> (Street Address of Principal Office) | 6. <u>426 Industrial Ave</u> (Mailing Address) |
| <u>Suite 120</u> | <u>Suite 120</u> |
| <u>Williston VT 05495</u> | <u>Williston VT 05495</u> |

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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 in 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.



Crystle Stevenson, Asst Secretary

(Registered agent's signature)

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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: Xanterra Leisure Resort Holding,

☒ Member Address: 6312 S Fiddlers Green Circle

☐ Authorized Ste 600 North

Person Greenwood Village CO 80111

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Kirk H Anderson

☐ Member Address: 6312 S Fiddlers Green Circle

☒ Authorized Ste 600 North

Person Greenwood Village CO 80111

☐ Other _____ ☐ Other _____

☐ Manager Name: Timo Shaw

☐ Member Address: 426 Industrial Avenue

☒ Authorized Ste 120

Person Williston VT 05495

☐ Other _____ ☐ Other _____

☐ Manager Name: Andrew N Todd

☐ Member Address: 6312 S Fiddlers Green Circle

☒ Authorized Ste 600 North

Person Greenwood Village CO 80111

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

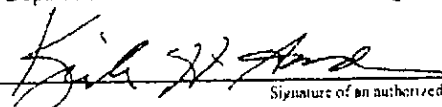
Person _____

☐ 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.


Signature of an authorized person

Kirk H Anderson

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDASTATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

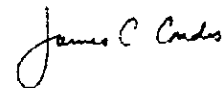
XANTERRA ADVENTURE COMPANIES, LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Apr 22, 2005.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

August 06, 2021

Given under my hand and seal of office, at Montpelier, the State Capital.



James C. Condos
Vermont Secretary of State



Business ID: 0020619
Certificate Number: 2013866045001