

M220000017016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

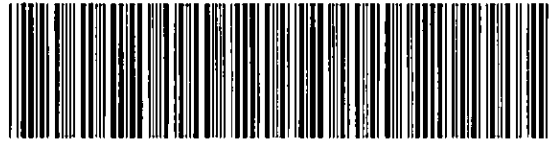
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 NOV - 3 10:11:34

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2022 NOV - 8 PM 12:45

ALLAHASSEE, FLORIDA

S. ROBERTS

NOV - 8 2022

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/8/2022

**\*\*WALK IN\*\***

ENTITY NAME ESPLANADE RESORT EXPERIENCES, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 125.00

ACCOUNT # I20160000072

*Signature*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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. ESPLANADE RESORT EXPERIENCES, 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. \_\_\_\_\_  
(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 & 605.0905, F.S. to determine penalty liability)

5. 4900 N. SCOTTSDALE ROAD 6. 4900 N. SCOTTSDALE ROAD  
(Street Address of Principal Office) (Mailing Address)

SUITE 2000 SUITE 2000


SCOTTSDALE, AZ 85251 SCOTTSDALE, AZ 85251

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

Name: REGISTERED AGENT SOLUTIONS, INC.  
Office Address: 155 OFFICE PLAZA DR., SUITE A  
TALLAHASSEE, Florida 32301  
(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 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.



Adam Saldana, Assistant Secretary

(Registered agent's signature)

2022 NOV -8 PM 11:34

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: Taylor Morrison Services, Inc.  
☒ Member      Address: 4900 N. Scottsdale Road  
Suite 2000  
☐ Authorized      Scottsdale, AZ 85251  
Person  
☐ Other      ☐ Other

☐ Manager      Name: Michelle Campbell  
☐ Member      Address: 551 North Cattlemen Rd.  
Suite 200  
☐ Authorized      Sarasota, FL 34232  
Person  
☒ Other Vice President      ☐ Other

☐ Manager      Name: Caroline G. Estrada  
☐ Member      Address: 4900 N. Scottsdale Road  
Suite 2000  
☐ Authorized      Scottsdale, AZ 85251  
Person  
☒ Other Asst. Secretary      ☐ Other

**Title or Capacity:**                      **Name and Address:**  
☐ Manager      Name: Cammie Longenecker  
☐ Member      Address: 551 North Cattlemen Rd.  
Suite 200  
☐ Authorized      Sarasota, FL 34232  
Person  
☒ Other President      ☐ Other

☐ Manager      Name: Elizabeth ("Liz") Thompson  
☐ Member      Address: 551 North Cattlemen Rd.  
Suite 200  
☐ Authorized      Sarasota, FL 34232  
Person  
☒ Other Vice President      ☐ Other

☐ Manager      Name: Christy A. McNeil  
☐ Member      Address: 6440 Oak Canyon  
Suite 200  
☐ Authorized      Irvine, CA 92618  
Person  
☒ Other Asst. Secretary      ☐ 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

Christy A. McNeil

Typed or printed name of signer

**ATTACHMENT TO**  
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY**  
**FOR**  
**ESPLANADE RESORT EXPERIENCES, LLC**

**ADDITIONAL OFFICERS/AUTHORIZED AGENTS**

Louis ("Lou") E. Steffens 4900 N. Scottsdale Road Suite 2000 Scottsdale, AZ 85251	CFO, Executive Vice President
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Darrell C. Sherman 4900 N. Scottsdale Road Suite 2000 Scottsdale, AZ 85251	Secretary, Executive Vice President, Chief Legal Officer
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S. Todd Merrill 3030 N. Rocky Point Dr. Suite 710 Tampa, FL 33607	Assistant Secretary, Vice President
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Nathan Stith 28100 Bonita Grande Drive Suite 102 Bonita Springs, FL 34135	Authorized Agent – Active Lifestyle Brand
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Christina Grayson 551 N Cattlemen Rd Suite 200 Sarasota, FL 34232	Vice President
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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ESPLANADE RESORT EXPERIENCES, 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-SIXTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESPLANADE RESORT EXPERIENCES, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2022.

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



7103310 8300

SR# 20223863595

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 204706419

Date: 10-26-22