1123000004947

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	 Filing Officer:	<u> </u>
-		

Office Use Only

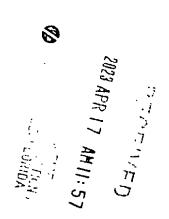
11



800406075018

3171S 10 ABY (315) 7: 3171S 10 ABY (315) 7: 77.7 HJ 71 M P763

2023 APR 17 PH 2: 22





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 **April 17, 2023** Date:_ Claudia Camilus Name:_ 1961104 Reference #:____ WYNDHAM LAKES XIV, LLC Entity Name:_____ ✓ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitous Name Other ____

Signature:

Authorized Amount: \$ 125.00

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT	WYNDHAM LAKES XIV, LLC			
	Name of Limited Liability Company			
The enclos Existence,	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flor and check are submitted to register the above referenced foreign limited liability company to transact	rida," Certificate of business in Florida.		
Please retu	rn all correspondence concerning this matter to the following:			
	Name of Person	_ _		
				
	Firm/Company	202		
	2023 APR 17			
City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)			
For further	niformation concerning this matter, please call: at () Name of Contact Person Area Code Daytime Telephone Number			
	Name of Contact Person Area Code Daytime Telephone Numb	per		
D R P	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, Fl. 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
E P	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEPARTMENT OF STATE			
		iling Fee, Certificate c 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 BUSIN	ESS INTHE STATEOFFLORIDA:						
1	WYNDHAM LAF	KES XIV, LLC					
(Name of Foreign Lim	ited Liability Company, must include "Limite	ed Liability Company	,""LLC.,"	or "LLC.")			
(If name unavailable, enter alternate name	adopted for the purpose of trunsacting business in Flo	orida. The alternate nume	must include	"Limited Liability Company," "	L.L.C." ar "L.L.C	l.")	
DEL	AWARE						
)	foreign limited liability company is organized)	3		(FEI mumber, if applicable)	<u> </u>		
,							
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration)					
	(See Sections 005,000 et construct, 1 11, to determ	and persons macinity)					
5. 10510 SOR	JLANOPO PIKE	6. <u>/0.5</u>	510 5	Ocivamen Miling Address)	P1 12		
(Street Address offPrinci	pal ()fflue)		(;	Viahling Address)	•		
11	ещ он 45342	\mathcal{M}_{i}		BUEL OH			
V 1 3 W 12 337	<u>C. G. 755</u> 72	7-11-4	DC(15)	nuce ; o 11			
		UL	342				
			<u> </u>			20	
7 Name and street address of	f Florida registered agent: (P.O. Box	NOT acceptable	e)			2023 APR 1	
7. (vame and <u>street address</u> of	TRANSIT TEGISTORES AGENT. (1.0. DON	. <u>1101 -</u> 000 protest	-,			₹PR	
					25 25 25	-7	r
Name:	Cogency Global Inc.				:7 <u>0</u>	70	i
						P	ŕ
Office Address:	115 North Calhoun St. Sui	ite 4			152	2:2	1_
					31.3	.2	
	Tallahassee	, 1	·lorida	32301			
	(City)			(Zip code)			

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.

aime Torres
(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Lawerner 5 Conner Manager Manager Address: 10510 Spennytrothe Member Member | Authorized Authorized Person Person Other_ Other Other____ Other | | Manager Manager Name: Member Member Address: _ ___ Authorized Authorized Person Person Other____ Other_ Other Manager Name: _____ Manager Name: ______ Member Address: Member 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 605.0203 (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.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "WYNDHAM LAKES XIV, 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 FOURTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WYNDHAM LAKES XIV, LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2023.

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

Authentication: 203144858

Date: 04-14-23

7397991 8300 SR# 20231452862