

M24000008343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

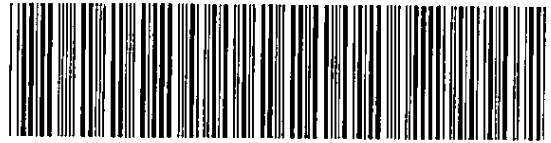
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 JUN 27 PM 4:21

RECEIVED

2024 JUN 27 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 06/19/24
Order #: 1540284-1
Re: HRC Islander LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$125.0 - FL State Account Number:
120000000195
Certificate of Good Standing from State of Incorporation
AUTH

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HRC Islander 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:

Brandon Lemke

Name of Person

Hilton Grand Vacations

Firm/Company

5323 Millenia Lakes Boulevard, Suite 400

Address

Orlando, Florida 32839

City/State and Zip Code

brandon.lemke@hgv.com

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

For further information concerning this matter, please call:

Brandon Lemke

Name of Contact Person

at (407)

Area Code

6133780

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. HRC Islander 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 61-1647041
(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. 6355 MetroWest Boulevard
(Street Address of Principal Office)

6. 6355 MetroWest Boulevard
(Mailing Address)

Suite 180

Suite 180

Orlando, FL 32835

Orlando, FL 32835

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2024 JUN 27 PM 4:21

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.

Shauna Godbolt

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Mark Wang</u>	<input type="checkbox"/> Manager	Name: <u>Charles Corbin</u>
<input checked="" type="checkbox"/> Member	Address: <u>5323 Millenia Lakes Blvd.</u>	<input checked="" type="checkbox"/> Member	Address: <u>5323 Millenia Lakes Blvd.</u>
<input type="checkbox"/> Authorized	<u>Suite 400</u>	<input type="checkbox"/> Authorized	<u>Suite 400</u>
Person	<u>Orlando, FL 32839</u>	Person	<u>Orlando, FL 32839</u>
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>EVP</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Daniel Mathewes</u>	<input type="checkbox"/> Manager	Name: <u>Sarajane Bonck</u>
<input checked="" type="checkbox"/> Member	Address: <u>5323 Millenia Lakes Blvd.</u>	<input type="checkbox"/> Member	Address: <u>5323 Millenia Lakes Blvd.</u>
<input type="checkbox"/> Authorized	<u>Suite 400</u>	<input type="checkbox"/> Authorized	<u>Orlando, FL 32839</u>
Person	<u>Orlando, FL 32839</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>EVP</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>SVP</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Ben Loper</u>	<input type="checkbox"/> Manager	Name: <u>Brandon Lemke</u>
<input type="checkbox"/> Member	Address: <u>5323 Millenia Lakes Blvd.</u>	<input type="checkbox"/> Member	Address: <u>5323 Millenia Lakes Blvd.</u>
<input type="checkbox"/> Authorized	<u>Orlando, FL 32839</u>	<input type="checkbox"/> Authorized	<u>Suite 400</u>
Person	_____	Person	<u>Orlando, FL 32839</u>
<input checked="" type="checkbox"/> Other <u>SVP</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Assistant Secretary</u>	<input type="checkbox"/> 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

Brandon Lemke

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HRC ISLANDER 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 EIGHTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HRC ISLANDER LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2011.

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




Jeffrey W. Bullock, Secretary of State

4972356 8300

SR# 20242914592

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

Authentication: 203741284

Date: 06-18-24