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Division of Corporations

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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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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.****

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
ANGUILLAN RESORT HOLDING COMPANY LTD. LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

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NOV -5 2024

K Brumbley

**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. Anguillian Resort Holding Company Ltd. 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. Anguilla 3. 98-1569704
(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. 6600 France Ave S, Suite 550 6. 6600 France Ave S, Suite 550
(Street Address of Principal Office) (Mailing Address)

Minneapolis, MN 55435 Minneapolis, MN 55435

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)

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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.

By: Sandra Zwijack Assistant Secretary Sandra Zwijack
(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]:

Title or Capacity:Name and Address:☒ ManagerName: Kevin S. Bergman☐ MemberAddress: 999 Vanderbilt Beach Rd,☐ AuthorizedSuite 710

Person

Naples, FL 34108☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other _____☐ Other _____Title or Capacity:Name and Address:☒ ManagerName: Joseph S. Langel☐ MemberAddress: 6600 France Ave S.☐ AuthorizedSuite 550

Person

Minneapolis, MN 55435☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

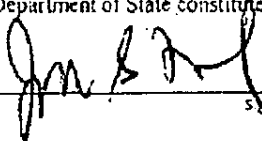
Person

☐ 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

Joseph S. Langel

Typed or printed name of signer



ANGUILLA

BUSINESS COMPANIES ACT, 2022 CERTIFICATE OF GOOD STANDING

Exempted Company

Registered Number **1034404**

The Registrar of Companies hereby certifies that
Anguillian Resort Holding Company Ltd.

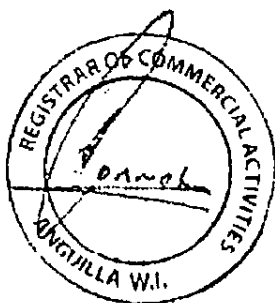
is in good standing with the registry, has filed all documents due as required by the
BUSINESS COMPANIES ACT, 2022 and has paid all relevant fees.

I further certify that:

The company has not submitted to the Registrar articles of merger, consolidation or
arrangement that have not yet become effective.

The company is not in the process of being liquidated, wound up and dissolved.

No proceedings to strike the name of the company off the register have been instituted.



Registrar of Companies

Dated this 28th of October 2024

