M9900000340

		8000027798984 -02/19/9901002025
C T Corporation System		****285.00 ****285.00
Requestor's Name	1	
660 East Jefferson Street		
Address		8000027798984 -02/19/9901002026
Tallahassee, FL 32301		
City State Zip	Phone _	******8.75 ******8.75
CORPORATION	N(S) NAME	
		7.6.0
	esort Management L	C 72 5 E ==
		25 2.
() Profit	/\ Amondmont	() Merger是指 8
() NonProfit	() Amendment	() Moigoty
Limited Liability Company	() Dissolution/Withdra	wal () Mark
Foreign	() Dissolution/valindra	
	() Annual Report	() Other
() Limited Partnership	() Reservation	() Change of R.A.
() Reinstatement	` '	() Fictitious Name
() Limited Liability Partne	() Photo Copies	Xpcus
() Certified Copy	() Photo Copies	7(4-5-5
	() Call if Problem	() After 4:30
() Call When Ready	() Will Wait	👸 Pick Up
Walk In	y will weath	XA
() Mail/Qui//_ 240		
Name 0 6		· · · · · · · · · · · · · · · · · · ·
Availability 2/0	2118 PL	EASE RETURN EXTRA COPY(S)
	Z [12	FILE STAMPED
Document		THANKS
Examiner		Connie
Updater /	₽nribas	
Verifier	S104 OF CORPORATION	Illa
Verifier	LI th winds	48HU
Acknowledgment	9 FEB 18 PM 4: 17	16
		·- ·
W.P. Veitter		
		er a grand and
CB3E031 (1-89)		

CR2E031 (1-89)

Walk IN Pick UP 3/10/99



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

February 19, 1999

Please back date

CT SYSTEM

SUBJECT: RESORT MANAGEMENT, LLC

Ref. Number: W99000004236

dola Boardwalk Management, L.C.

We have received your document for RESORT MANAGEMENT, LLC and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the limited liability company must adopt an alternate name for use in the state of Florida. To adopt an alternate name the entity must submit a resolution signed by a managing member or manager adopting the alternate name for use in the state of Florida. The alternate name must end with "L.L.C.," "L.C.," "Limited Liability Company" or "Limited Company."

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 199A00007603

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

RESOLUTION OF MEMBERS

I, the undersigned Scott J. Eqelkamp do he	ereby ce	rtify	
that this Resolution of the Members of Resort Management, LLC, a cor	poration	ı duly	y
organized and existing under the laws of the State of Delaware, was duly	y adopto	ed or	1
the <u>19</u> day of February 1999. Be it resolved, that <u>Resort Management</u>	<u>t, LLC,</u>		
organized and existing in the State of Delaware, hereby adopts the name	Board	<u>walk</u>	
Management, LLC for use in Florida.	JVTI JSEC	99	
	SECRETARY	FEB 19	ř

Dated: Feb. 19, 1999

Name of either Chairman, Vice Chairman or any officer

Scott J. EgelkaunD

Print name

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

aware		3. <u> </u>	23-2971532	41 11 \	
risdiction under the law of which upon the risdiction under the law of which is organized)	h foreign limited	liability	(FEI number, if	applicable)	
JUNE 26, 1998	5	· 	PERPETUAL		
(Date of Organization	n)	(Duration cease to e	i: Year limited liabili xist or "perpetual")	ty company w	rill
Upon Qualification		· <u>·</u> ····			:c = c)
(Date first transacted	business in Flori	da. (See sec	etions 608.501, 608.5	02 and 817.15)5, F.S.)
1150 FIRST AVENUE,	SUITE 900	<u>.</u>			
KING OF PRUSSIA, PA	a. 19406			-	
st name, title, and business all manage the foreign limite	(Street ad	dress of princ managing pany in Flo	member [MGRM]	or manage tional page	r [MGR] who if necessary)
st name, title, and business Il manage the foreign limite	(Street ad	managing pany in Flo	member [MGRM]	or manage tional page	ii necessary)
st name, title, and business Il manage the foreign limite	(Street address of each address of each	managing pany in Flo NAM	member [MGRM] orida: (attach addi E & ADDRESS:	nonai page	LE:
st name, title, and business all manage the foreign limited NAME & ADDRESS:	(Street address of each ed liability compared to the compared	managing pany in Flo NAM	member [MGRM] orida: (attach addi E & ADDRESS:	nonai page	LE:
st name, title, and business all manage the foreign limite NAME & ADDRESS: THOMAS F. FLATLEY	(Street address of each ed liability compared to the compared	managing pany in Flo NAM	member [MGRM] orida: (attach addi E & ADDRESS:	nonai page	99 FEB SECRETA
st name, title, and business ill manage the foreign limite NAME & ADDRESS: THOMAS F. FLATLEY 1150 FIRST AVENUE, SUI	(Street address of each ed liability compared to the compared	managing pany in Flo NAM	member [MGRM] orida: (attach addi E & ADDRESS:	nonai page	99 FEB SECRETA
st name, title, and business: Il manage the foreign limite NAME & ADDRESS: THOMAS F. FLATLEY 1150 FIRST AVENUE, SUT KING OF PRUSSIA, PA. 1	(Street address of each ed liability compared to the compared	managing pany in Flo NAM	member [MGRM] orida: (attach addi E & ADDRESS:	nonai page	LE:
st name, title, and business: Il manage the foreign limite NAME & ADDRESS: THOMAS F. FLATLEY 1150 FIRST AVENUE, SUT KING OF PRUSSIA, PA. 1. SCOTT J. EGELKAMP	(Street address of each addres	managing pany in Flo NAM	member [MGRM] orida: (attach addi E & ADDRESS:	nonai page	99 FEB SECRETA

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:

	Resort Management, LLC		
2.	The name and the Florida street address of the registered agent and office are:	-	
	C T CORPORATION SYSTEM (Name)		
	1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)		
	Plantation FL 33324 (City/State/Zip)	<u>.</u>	
Havi	ing been named as registered agent and to accept service of process for the above	stated limited	
agen relat	lity company at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the provisions ting to the proper and complete performance of my duties, and I am familiar with agations of my position as registered agent.	oj au siaiuies	·
C T	CORPORATION SYSTEM	FIL FEB 19 CRETARY LAHASSI	· · · · · · · · · · · · · · · · · · ·
7-1	(Signature) MARY ALICE ROGERS Special Assistant Secretary	ED PH 5: 01	

Filing Fee: \$35 for Designation of Registered Agent

1.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

Th	e undersigned member or authorized representative of a member of Resort Manage	ement, LLC
_	certifies:	-
1)	the above named limited liability company has at least two members;	
2)	the total amount of cash contributed by the member(s) is	\$ <u>3,640.00</u> ;
	if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	\$ <u>0.00</u> ;
4)	and the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ <u>3,640.00</u> .
	Signature of a member or authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	er.
	SCOTT J. EGELKAMP, SECRETARY - TREASURER OF EPIC RESOR	TS, LLC
	Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

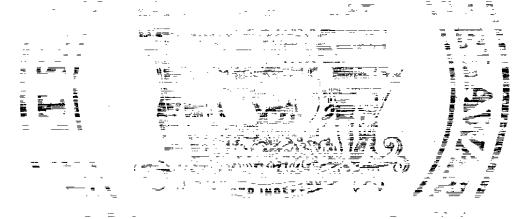
(FL058 - 4/23/98)

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RESORT MANAGEMENT, 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 TWELFTH DAY OF FEBRUARY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE



dward J. Freel, Secretary of State

2914045 8300

AUTHENTICATION:

9574549

991056998

DATE:

02-12-99