

## **Certificate of Authority**

**FOREIGN Corporation** 

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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for that purpose submits the following statement:				
The name of the corporation is:				
Orange Lake Country Club, Inc.				
2. It is incorporated under the laws of: Florida				
3. The name, if different, which it elects to use in Rh	node Island is:			
(a) If the name of the corporation in its jurisdiction o "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:				
N/A				
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:				
N/A				
4. The date of its incorporation is: 03/05/1981				
And the period of its duration is: CHECK ONLY ONE BOX Perpetual (on-going)				
Date certain for dissolution				
5. The address of its principal office is:				
8505 W. Irlo Bronson Memorial Hwy. Kissimmee, FL 34747				
6. The name and address of the initial registered agent/office of in Rhode Island:				
Agent Name National Registered Agents, Inc.				
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A				
City/Town East Providence	State RHODE ISLAND	Zip Code 02914		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 1 1 2016

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
Timeshare				
8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws state or country of which it is incorporated):	of the			
NAME ADDRESS				
N/A N/A				
Check the box to indicate an attachment.				
8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):				
OFFICE NAME ADDRESS	ADDRESS			
PRESIDENT Thomas R. Nelson 8505 W. Irlo Bronson Memorial Hwy Kissimmee	, FL 3474			
VICE PRESIDENT  Brian T. Lower  8505 W.Irlo Bronson Memorial Hwy Kissimmee,	8505 W.Irlo Bronson Memorial Hwy Kissimmee, FL 3474			
TREASURER Sonya Dixon 8505 W. Irlo Bronson Memorial Hwy Kissimmee	8505 W. Irlo Bronson Memorial Hwy Kissimmee, FL 3474			
SECRETARY Michael J. Thompson 8505 W. Irlo Bronson Memorial Hwy Kissimmee	8505 W. Irlo Bronson Memorial Hwy Kissimmee, FL 3474			
Check the box to indicate an attach	ıment.			
<ol><li>The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, share par value, and series, if any, within a class, is:</li></ol>	es without			
NUMBER OF SHARES CLASS SERIES PAR VALUE OR STATE NO PAR	VALUE			
1,000 Common Voting ≤1,000.00				
99,000 Common Non- Voting \$1,000.00				
10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever				
located:				
\$				
l I				
(c) Estimate, <b>as a percentage</b> , the proportion that the estimated value of the property of the corporation to be local within this state during the following year hears to the value of all property of the corporation to be owned during the				
(c) Estimate, as a percentage, the proportion that the estimated value of the property of the corporation to be local within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.				

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.			
\$_500,000.000	\$ <u></u>			
(c) Estimate, <b>as a percentage</b> , the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i> O				
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.				
13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX				
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the day of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Authorized Officer		Date		
Michael J. Thompson		6/22/16		
Signature of Authorized Officer of the Corporation  SIZE OCCUMENT HERE				

## State of Florida Department of State

I certify from the records of this office that ORANGE LAKE COUNTRY CLUB, INC. is a corporation organized under the laws of the State of Florida, filed on March 5, 1981.

The document number of this corporation is F22174.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on March 28, 2016, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-seventh day of June, 2016



Ken Define Secretary of State

Tracking Number: CU7094647040

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

