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| (Requestor's Name) | | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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| CONTACT PER | SON: Susie Knig | ght E | XT# 52956 | | |

EXAMINER:

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:

| 1. TRC SWAN GP, LLC | |
|---|--|
| (Name of Foreign Limited Liability Company; must inclu | de "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpor consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.") | se of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability |
| 2. DELAWARE | APPLIED FOR |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) |
| 4. AUGUST 28, 2013 5 | PERPETUAL |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. UPON FILING OF THIS APPLICATION | |
| (Date first transacted business in Flo (See sections 608.501 & 608.502 F.S. | rida, if prior to registration.) to determine penalty liability) |
| 7. 100 PARK AVENUE, 18TH FLOOR | |
| NEW YORK, NEW YORK 10017 | of Principal Office) |
| (Street Address | of Principal Office) |
| 8. If limited liability company is a manager-managed | company, check here |
| 9. The name and usual business addresses of the mana | iging members or managers are as follows: |
| JOHN A. VICKERS, CHIEF EXECUTIVE OFFICER | |
| 100 PARK AVENUE, 18TH FLOOR | |
| NEW YORK, NEW YORK 10017 | |
| | |
| the jurisdiction under the law of which it is organized. (A photocoptranslation of the certificate under eath of the translator must be sub- | mitted.) |
| 11. Nature of business or purposes to be conducted or | |
| GENERAL PARTNER OF SWAN HOTEL ASSOCIATE | 9 |
| Loter U | I Sha |
| Signature of a member or an aut | horized representative of a member. |
| · · · · · · · · · · · · · · · · · · · | ation of this document constitutes an affirmation under the |
| | e. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.) |
| RICHARD J. FILDES | - , , |
| Typed or printed | name of signee |

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.

| 1. The name of the Limited Liability Company is: | |
|--|--|
| TRC SWAN GP, LLC | |
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | ADHS AUG 2 |
| CORPORATION SERVICE COMPANY | ع الرازي |
| (Name) | 景 芸 |
| 1201 HAYS STREET Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| | P |
| TALLAHASSEE FL 33324 City/State/Zip | |
| Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, Fl Statutes. Sup G. Knight Assiste Signature) | t as ions of all ith and lorida |
| \$ 100.00 Filing Fee for Application | |

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TRC SWAN GP, 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 TWENTY-EIGHTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRC SWAN GP, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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AUTHENTY CATION: 0697288

DATE: 08-28-13

You may verify this certificate online