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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| ON SERVICE COMPANY | | | | | | |
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| ACCOUNT NO. : 12000000195 | | | | | | |
| REFERENCE : 310306 7580356 | | | | | | |
| AUTHORIZATION: Linello Clerica | | | | | | |
| COST LIMIT : \$ 12500 | | | | | | |
| ORDER DATE : September 23, 2014 | | | | | | |
| ORDER TIME : 10:05 AM | | | | | | |
| ORDER NO. : 310306-310 | | | | | | |
| CUSTOMER NO: 7580356 | | | | | | |
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| FOREIGN FILINGS | | | | | | |
| | | | | | | |
| NAME: ARC HOSPITALITY PORTFOLIO I OWNER, LLC | | | | | | |
| XXXX QUALIFICATION (TYPE: LL) | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | | | |
| CONTACT PERSON: Courtney Williams EXT# 62935 | | | | | | |
| EXAMINER: | | | | | | |

COVER LETTER

| | istration Section sion of Corporations | | | | |
|-------------------------|---|--|--|--|--|
| SUBJECT: | ARC Hospitality Portfolio I Owner, LLC | | | | |
| | Name of Limited Liability Company | | | | |
| Existence, an | "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of d 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: | | | | |
| | Erin Corbett | | | | |
| | Name of Person | | | | |
| | American Realty Capital | | | | |
| | Firm/Company | | | | |
| | 7621 Little Avenue; Suite 200 | | | | |
| | Address | | | | |
| | Charlotte NC 28226 | | | | |
| City/State and Zip Code | | | | | |
| | ecorbett@arlcap.com | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | |
| For further inf | ormation concerning this matter, please call: | | | | |
| Jess | e C. Galloway, Authorized Signer at (704) 626-4399 Name of Person Area Code Daytime Telephone Number | | | | |
| | e C. Galloway, Authorized Signer at (704) 626-4399 Name of Person Area Code Daytime Telephone Number | | | | |
| Divis Regis P.O. | LING ADDRESS: ion of Corporations itration Section Box 6327 chassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |
| | a check for the following amount: 25:00 Filing Fee \$\Bigsup \\$130.00 Filing Fee & \Bigsup \\$155.00 Filing Fee & \Bigsup \\$160.00 Filing Fee, Certificate Certificate of Status | | | | |

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: ARC Hospitality Portfolio I Owner, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 106 York Rd.; Jenkintown PA 19046 (Street Address of Principal Office) 6. 106 York Rd.; Jenkintown PA 19046 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ARC Hospitality Portfolio I Mezz, LP, its sole member 106 York-Rd.; Jenkintown PA 19046 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.) Jesse C. Galloway, Authorized Signer

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605:0113 or 605:0902 (1)(d), 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: | |
|--|---------------------------|---|--------------|
| ARC Hospitali | ty Portfolio I Owner, LLC | | |
| If unavailable | the alternate to be used | l in the state of Florida is: | TILL E |
| 2. The name | and the Florida street ad | dress of the registered agent and office are: | E. F. D. 39 |
| | Corporation Service Co | ompany | |
| | | (Name) | _ |
| | 1201 Hays Street | • | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | - |
| | Tallahassee | .32301 FL | |
| | | City/State/Zip | - |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Corporation Service Company

By: (Signature)

\$ 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 "ARC HOSPITALITY PORTFOLIO I OWNER,

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-FOURTH DAY OF

SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARC HOSPITALITY PORTFOLIO I OWNER, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2014.

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

5573648 8300

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Jeffrey W Bullock, Secretary of S AUTHENTY CATION: 1724404

DATE: 09-24-14

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