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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

JBA ADVISORS V, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and 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:

ANNE MARAJ			
Name of Person			
WHM LLC			
Firm/Company			
501 E. CAMINO REAL			
Address			
BOCA RATON, FL 33432	ΙΔΪ	201	
City/State and Zip Code	5.5.	2015 FEB	
amaraj@luxuryresorts.com	135 135 135	0 1 8 E	Chanam.
E-mail address: (to be used for future annual report notification)	333 0 733		f same
For further information concerning this matter, please call:	LL (1)	PH 12: 43	Samuel
ANNE MARAJ561 _ 447-5318	VOINO JUVIO	: 43	**
Name of Contact Person Area Code Daytime Telephone Nu	mber	,	
MAILING ADDRESS: Division of Corporations Division of Corporations			

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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\$130.00 Filing Fee & Status St

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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.} JBA ADVISORS V, 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 purpose of trability Company," "L.L.C," or "LLC.")	ansacting business in Florida. The alternate name must include "Limited
DELAWARE	36-4802421
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number. if applicable)
4. UPON FILING	
(Date first transacted business in (See sections 605.0904 & 605.0905,	Florida, if prior to registration.) F.S. to determine penalty liability)
5. 501 E. CAMINO REAL	
BOCA RATON, FL 33432	
	of Principal Office)
5. 501 E. CAMINO REAL	2015
BOCA RATON, FL 33432	
(Mailir	ng Address)
7. The name, title or capacity and address of the pers	on(s) who has/have authority to manage is/are:
PROSPECT HOTEL ADVISORS, L	L.C.
MEMBER-MANAGED	
501 E. CAMINO REAL, BOCA RAT	ON, FL 33432
3. Attached is an original certificate of existence, no n	nore than 90 days old, duly authenticated by the official

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)

& May Frend

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.)

MaryJo Finocchiaro

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.

it unavaltable	e, the alternate to be used in th	e state of Florida	is:		
2. The name	and the Florida street address	of the registered	agent and office are:		***************************************
	THE CORPORA	TION TRU	ST COMPAN	Υ	
		(Name)		-	
	1200 South Pine I	Island Road			
	Florida Street Ad	ldress (P.O. Box NO	T ACCEPTABLE)		Čο
	Plantation,	FL	33324		
		City/State/Zip		TASS	B
liahility comp registered ago statutes relati	named as registered agent and any at the place designated in ent and agree to act in this cap ing to the proper and complete ligations of my position as regi	this certificate, I h acity. I further ag performance of m	nereby accept the appoint tree to comply with the my duties, and I am fami	intment as provisions liar with a	ig all and
	2-41	100 ~			
	Sign	nature)			

Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

\$ 30.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JBA ADVISORS V, 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 FOURTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JBA ADVISORS

V, LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2014.

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

5650460 8300

150144505

Jeffrey W. Bullock, Secretary of State **AUTHENTYCATION:** 2093588

DATE: 02-04-15

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