

# M1500003464

Florida Department of State  
Division of Corporations  
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((H15000108957 3)))



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From: Account Name : C T CORPORATION SYSTEM  
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INFORMATION SERVICES

Foreign Limited Liability Company  
Hotel 8436 Northwest 36th Opeo GP, L.L.C.

Please File  
1st

Certificate of Status	0
Certified Copy	0
Page Count	0506
Estimated Charge	\$125.00



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850-617-6381 5/5/2015 8:37:34 AM PAGE 1/001 Fax Server



May 5, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORP

SUBJECT: HOTEL 8436 NORTEWEST 36TH OPCO GP, L.L.C.  
REF: W15000031541

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H15000108957  
Letter Number: 315A00009184

**\*RE-SUBMIT\***

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15 MAY -5 AM 10:00  
BUREAU OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**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. Hotel 8436 Northwest 36th Opco GP, L.L.C.  
(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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

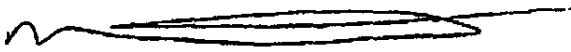
4. Upon Filing  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 591 W. Putnam Ave, Greenwich CT 06830  
(Street Address of Principal Office)

6. 591 W. Putnam Ave, Greenwich CT 06830  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
SHG SCG II Opco Holdings, L.P. , Member, 591 W. Putnam Ave, Greenwich CT 06830

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.)

Nick Antonopoulos  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 MAY -4 AM 8:35

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**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:

Hotel 8436 Northwest 36th Opco GP, L.L.C.

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:

CT Corporation System  
(Name)

1200 South Pine Island Road  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324  
City/State/Zip

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 TALLAHASSEE, FLORIDA

*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.*

By: CT Corporation System Angel Shearer Angel Shearer  
Assistant Secretary  
(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 "HOTEL 8436 NORTHWEST 36TH OPCO GP, L.L.C." 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 MAY, A.D. 2015.

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

5735194 8300

150607073

You may verify this certificate online  
at [corp.delaware.gov/authvor.shtml](http://corp.delaware.gov/authvor.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2344336

DATE: 05-04-15