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JAN 2 6 2018

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Electronic Filing Menu

Corporate Filing Menu

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JAN 29 2016

Y SULKER

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TION 603.0902, FLORIDA STATUTES, THE FOL ISINESS IN THE STATE OF FLORIDA:	LOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED I	LABILI1
HW-OTP OWNER LL	C		
(Name of Foreign	Cimited Liability Company; must include "Lamited L	inbliny Chapany," "L.L.C.," or "L.C.")	
	ame adopted for the purpose of gunsacting husiness in Florida	The alternate name must include "Limited Liability Company," "LL.C," or "LLC,"	. ")
2. DBLAWARE	nich kumiku plinjesi rapojih chintuma je sekvirce ji	3. (FB: mumber, if applicable)	
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4. UPON FILING OF THE			
	(Date first managered fusioners in Positia, if policy to sug (Sep spottings 605 0904 & 605,0965, F.S. to determine)	· · · · [
5. 100 PARK AVENUE,	18TH FLOOR	6. 100 PARK AVENUE, 18TH FLOOR (Neiling Address)	
NEW YORK, NEW Y	ORK 10017	NEW YORK, NEW YORK 10017	
7. Name and street address Nume:	of Florida registered agent: (P.O. Box b CORPORATION SERVICE COMPANY	· ·	
Office Address:	1201 HAYS STREET		
	TALLAHASSEE	, Florida 32301 000 000 000 000 000 000 000 000 000	
	(City)	(Zíp code)	
unu accepi ine a oliganom	s of my position as registered agent. (Registered agent's slyn) in the second	 .,,,
0 771	المستل منابيد (م) سمست بالمائية مستدارات المستديد	,	
Title or Capacity:	Name and Address:	Title or Capacity: Name and Address:	
Member	TFO Hotel Investors LLC		
	100 Park Avenue 18th Fl.		
	1988 TOIK ST. DOILC		-
			:
·····			
			
(Use attachments if necess	sary)		
Title or Capacity:	icity and address of the person(s) who has/i	nave authority to manage is/are: Title or Capacity: Name and Address:	
(Hea attachments if neces	enry)		
	of which it is organized. (If the certificate is	ly authenticated by the official having custody of records in a foreign language, a translation of the certificate und	
0. This document is executable to the comment to	uted in accordance with section 605.0203 () the Department of State constitutes a third	(b), Florida Statutes. I am aware that any false informati degree folony as provided for in s.817.155, F.S.	on
	- Limited States		
;	Signature of a	n'authorized orson	
	•		
	AMANDA F. WILSON		
,			

<u>Delaware</u>

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HW-OTP OWNER LLC" IS DULY FORMED UNDER

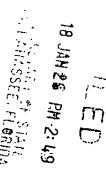
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HW-OTF OWNER LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6727535 8300 SR# 20180517098

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Justicey W. Bulloux, Suspensor of Sapon

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Date: 01-26-18