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(Ro	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	

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T. CLINE AUG 27 2018 **EXAMINER**

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

8/24/2018	ノン	
ACCT. 120160000072		
Cocoa Beach Hospitality, LLC		
]	
70812412		
Country of Destination: Number of Certs:	AUS 24	
Certified: : Plain: COGS: CO	유남 9: 34 -	
Amount: \$ 130.00		
	ACCT. 120160000072 Cocoa Beach Hospitality, LLC 70812412 Country of Destination: Number of Certs: Certified: Plain: COGS:	

Thank you!

COVER LETTER

TO:		ration Section on of Corporatio	ons					
SUBJE		ocoa Beach Hosp	-					
00.701	Name of Limited Liability Company					-		
			oreign Limited Liability Com ted to register the above refer					
Please 1	return all	correspondence	concerning this matter to the	following:				
		David R. Crag	gle				_	
			N	ame of Person				
		RREAF Holdi	ings LLC				κ'n	
	Firm/Company					ANG EEE		
	1909 Woodall Rodgers Freeway, 3rd Floor					•	416 2	,
	Address				• .F"			
		Dallas, TX 752	201			•	% ŏ 9	<u>r</u>
			City/S	tate and Zip Code			9:34	
		dcragle@comca	st.net			•		
	-		E-mail address: (to be used	I for future annual	report no	tification)	•	
For furt	her infor	mation concernir	ng this matter, please call:					
	David I	R. Cragle		214 at (522-33	000		
		Name o	of Contact Person	Area Code	Day	rtime Telephone Number	•	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section tuilding coutive Center Circle see, FL 32301		
Enclosed		eck for the follow .00 Filing Fee	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	□,\$155.00 Filin Certified Copy	ng Fec &	☐ \$160.00 Filing Fee, C of Status & Certified Cop		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Cocoa Beach Hospitali (Name of Foreign	ty, LLC United Clability Company; must	Include "Limited Liability Con	npany," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate n	ance adopted for the purpose of transact	ting business in Florida. The alternat	e name must include "Limited Lia	bility Company," "L.1.)
2 Delaware		3 83	-1512755			
(Jurisd:ction under the law of w	hich foreign limited liability company is	organized)	(FEI ouns)	per, if applicable)		
4.						
		Florida, if prior to registration.) 103, F.S. to determine peralty liabilit	у)			
5. 1909 Woodall Rodgers (Street Address of I	Freeway, 3rd Floor	6,	(Mailing Add	·	*	
(Street Address of P	(incipal Office)		(waning Add		© 2	
N-	and this are the Martin and the saw is the saw					i
7. Name and street addres	s of Florida registered agen	it: (P.O. Box NOT accer	otable)		ဏ္	
Name:	Registered Agents, Inc.		<u>,</u>		ن ب	
Office Address:	3030 N. Rocky Point Driv	vc	<u> </u>			
	Татра		, Florida 33607 (Zip cod			
		(City)	(Zip cod	e)		
	Bei H	Registered agent's signature)				
8. The name, title or capa <u>Title or Capacity:</u>	city and address of the pers Name and Addr		ority to manage is/are: r Capacity:	Name and A	ddress:	
	See Exhibit A					
	attached					
41 to	···- >					
(Use attachments if necess	•					
Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than sof which it is organized. (If sbmitted)	90 days old, duly authent the certificate is in a fore	icated by the official ha ign language, a translati	ving custody of on of the certifi	`records in icate under	the oath
10. This document is execusubmitted in a document to	ited in accordance with sect the Department of State co.	nstitutes a third degree fe	lony as provided for in s	s.817.155, F.S.	information	n
	A De	col	стоп			
		Signature of an authorized p	повоз			
	David R. Cragle					
		Typed or printed name of a	івке			

EXHIBIT A

Application by Foreign Limited Liability Company To Transact Business in Florida

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:
Manager	Cocoa Beach Hospitality Manager, LLC 1909 Woodall Rodgers Freeway, 3 rd Floor Dallas, TX 75201
Manager	CB Hospitality, LLC 113 Bay Bridge Drive Gulf Breeze, Florida 32561

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "COCOA BEACH HOSPITALITY, 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 FIFTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COCOA BEACH HOSPITALITY, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2018.

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



Authentication: 203251802

Date: 08-15-18

6999319 8300 SR# 20186184518