

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. FLH Hospitality, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. c/o TownePlace Suites 2450 Quantum Blvd

(Street address of initial designated office)

Boynton Beach, FL 33426

3. Joshua Gerstin, Esq.

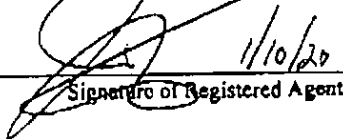
(Name of Registered Agent for Service of Process)

4. 40 SE 5th St., Suite 610

(Florida street address for Registered Agent)

Boca Raton, FL 33432

5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

6. Same as above

(Mailing address of initial designated office)

Same as above

7. If limited partnership elects to be a limited liability limited partnership, check box ☒.

8. Name and business address of each general partner:

Name:Business Address:

FLL Hospitality, Inc.

c/o TownePlace Suites 2450 Quantum Blvd

Boynton Beach, FL 33426

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2020 JAN 14 PM 4:47

FILED


9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 13 day of JANUARY, 2020

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.


ROBERT GARINIPres. of FLL HOSPITALITY INC., G.P.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$32.50

Certificate of Status (optional):

\$8.75