

A23000000422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

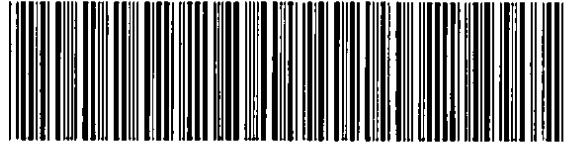
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2023 AUG -8 PM 3:15

OFFICE OF STATE  
RECORDS & ADMINISTRATION  
TALLAHASSEE, FLORIDA 32399

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2023 AUG -8 AM 11:46

OFFICE OF STATE  
RECORDS & ADMINISTRATION  
TALLAHASSEE, FLORIDA 32399

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 924259 5051651

AUTHORIZATION :

COST LIMIT : \$1000.00

ORDER DATE : August 7, 2023

ORDER TIME : 8:13 AM

ORDER NO. : 924259-045

CUSTOMER NO: 5051651

DOMESTIC FILING

NAME: OJD HOTEL ELEMENT LP

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
XX        CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. OID Hotel Element LP  
(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. 98 S.E. 7th St., Suite 500  
(Street address of initial designated office)  
Miami, FL 33131

3. Corporation Service Company  
(Name of Registered Agent for Service of Process)

4. 1201 Hays Street  
(Florida street address for Registered Agent)  
Tallahassee, FL 32801-3525

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.

Alexis Weiland-Jensen, AUP  
Signature of Registered Agent

6. 98 S.E. 7th St., Suite 500  
(Mailing address of initial designated office)  
Miami, FL 33131

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

SECRET  
TALLAHASSEE, FL

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8. Name and business address of each general partner:

Name:

Business Address:

OID GP LLC

98 S.E. 7th St., Suite 500

Miami, FL 33131

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 7th day of August, 2023

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.

OID GP LLC, its general partner

By: Andrew M. Clarke

Andrew M. Clarke, CFO

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**