

B1800000025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

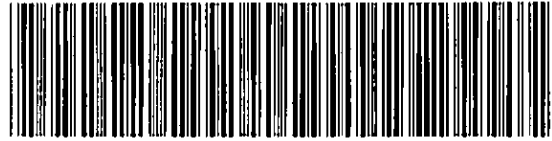
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18 - 10933

Office Use Only



700308350897

RECEIVED
2018 FEB - 1 PM 4:31
TALAMASSEE, FLORIDA

FILED
18 FEB - 4 AM 9:49
TALAMASSEE, FLORIDA

FEB 07 2018

SHILKER

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

ACCOUNT NO. : I20000000195

REFERENCE : 052125 4312468

AUTHORIZATION :

COST LIMIT : \$1061.25

ORDER DATE : January 31, 2018

ORDER TIME : 1:15 PM

ORDER NO. : 052125-005

CUSTOMER NO: 4312468

FOREIGN FILINGS

NAME: ASHFORD SARASOTA LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

file Second



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2018

CORPORATION SERVICE COMPANY

RESUBMIT

Please give original
submission date as file date.

SUBJECT: ASHFORD SARASOTA LP
Ref. Number: W18000010933

We have received your document for ASHFORD SARASOTA LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 818A00002241

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA
18 FEB-6 PM 4:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ashford Sarasota LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Lamar Dowling

Contact Person

Gardere Wynne Sewell LLP

Firm/Company

2021 McKinney Ave. Ste. 1600

Address

Dallas, TX 75201

City, State and Zip Code

rshumway@ashfordinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lamar Dowling

at (214) 999-4381

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status |
|--|---|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Ashford Sarasota 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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida: must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. December 27, 2017

Date of Formation

4. Federal Employer Identification Number 82-3861000

5. Name of Registered Agent for Service of Process and Florida Street Address:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. 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.

By: Roxanne Turner
Corporation Service Company
Signature of Registered Agent

Roxanne Turner
Asst. Vice President

7. Principal Office:

14185 Dallas Parkway, Suite 1100

Dallas, TX 75254

8. Mailing Address:

14185 Dallas Parkway, Suite 1100

Dallas, TX 75254

9. If limited partnership is a limited liability limited partnership, check box: ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Ashford Sarasota GP LLC

Name of General Partner:

Street Address: 4185 Dallas Parkway, Suite 1100

Street Address:

Dallas, TX 75254

Mailing Address: 4185 Dallas Parkway, Suite 1100

Mailing Address:

Dallas, TX 75254

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____


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

(Effective date cannot be prior to nor more than 90 days after the date this 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.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 31ST day of JANUARY, 2018


Signature of a general partner

David A. Brooks, President of Ashford Sarasota GP LLC

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Page 2 of 2

FILED
18 FEB -# AM 9:49
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASHFORD SARASOTA LP" 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASHFORD SARASOTA LP" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2017.

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

FILED
18 FEB - 4 AM 9:49
DELAWARE SECRETARY OF STATE



6681483 8300

SR# 20180640365

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202071214

Date: 01-31-18