

# B18000000069

To: Page 2 of 5

2018-03-15 13:26:31 CST

12122023573 From: Kimberly Laughrey

3/15/2018

Division of Corporations

\*Please file 2nd after  
cover page:  
H18000084828 3

**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

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(shown below) on the top and bottom of all pages of the document.

((H180000847173)))

## 2nd



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Division of Corporations  
Fax Number : (850)617-6383

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**FLORIDA/FOREIGN LP/LLLP**  
**Hotel Norfolk Propco, L.P.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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J. LEGGETT  
MAR 16 2018

**FAX COVER SHEET**

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2018-03-15 13:25:47 CST
RE	Hotel Norfolk Propco, L.P.

**COVER MESSAGE**

Shannon Ebright  
Associate Fulfillment Specialist  
CT Corporation

Team (614) 280-3338  
[GlobalFulfillmentTeam@wolterskluwer.com](mailto:GlobalFulfillmentTeam@wolterskluwer.com)  
[Shannon.Ebright@wolterskluwer.com](mailto:Shannon.Ebright@wolterskluwer.com)



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

1. Hotel Norfolk Propeco, L.P.

(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 L.L.L.P.

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

3. 3/1/18

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number: 82-4742650

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

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

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: Angel Shearer Angel Shearer, Assistant Secretary  
Signature of Registered Agent

7. Principal Office:

1601 Washington Avenue, Suite 800

Miami Beach, FL 33139

8. Mailing Address:

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

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

Hotel Norfolk  
Name of General Partner: PROPECO LP, L.L.C. Name of General Partner: \_\_\_\_\_

Street Address: 1601 Washington Avenue, Suite 800 Street Address: \_\_\_\_\_

Miami Beach, FL 33139 \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

## Page 1 of 2

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

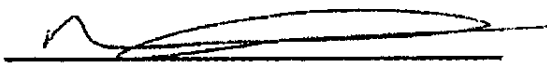
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

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.)

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 14th day of March, 2018.

  
\_\_\_\_\_  
Signature of a general partner  
Hotel Norfolk Propeco GP, L.L.C.

The individual signing this document affirm 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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "HOTEL NORFOLK PROPCO, L.P." 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 MARCH, A.D. 2018.

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



6777662 8300

SR# 20181936742

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202325354

Date: 03-15-18