

3/15/2018

Division of Corporations

*Please file 2nd after cover

*Please file 2nd after cover

pg: H18000084821 3

pg: H18000084821 3

B18000000071

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000847113)))



H180000847113ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA/FOREIGN LP/LLLP

Hotel Norfolk Opco, L.P.

RECEIVED
MAR 15 2018

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

MAR 16 2018
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2018-03-15 13:13:55 CST
RE	Hotel Norfolk Opco, L.P.

COVER MESSAGE

Shannon Ebright
Associate Fulfillment Specialist
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com
Shannon.Ebright@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com

Confidentiality Notice: This email and its attachments (if any) contain confidential information of the sender. The information is intended only for the use by the direct addressees of the original sender of this email. If you are not an intended recipient of the original sender (or responsible for delivering the message to such person), you are hereby notified that any review, disclosure, copying, distribution or the taking of any action in reliance of the contents of and attachments to this email is strictly prohibited. If you have received this email in error, please immediately notify the sender at the address shown herein and permanently delete any copies of this email (digital or paper) in your possession.

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

1. Hotel Norfolk Opco, 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 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. 3/1/18

Date of Formation

4. Federal Employer Identification Number: 82-4742752

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

CT Corporation System1200 South Pine Island RoadPlantation, 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 800Miami 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:

Name of General Partner: HOTEL NORFOLK OP CO GP, L.L.C. M180000002617 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: _____

FILED
2018 MAR 15 AM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Page 1 of 2

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

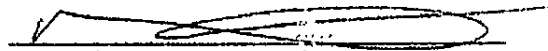
Street Address: _____ Street Address: _____

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 Opco 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

FILED
2018 MAR 15 AM 9:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOTEL NORFOLK OPCO, 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.



6777659 8300

SR# 20181936759

You may verify this certificate online at 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: 202325366

Date: 03-15-18