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JUL 10 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195
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REFERENCE : 825486 8151822

AUTHORIZATION : Smell of the second

COST LIMIT : (\$'\1000.00

ORDER DATE: June 27, 2019

ORDER TIME : 9:45 AM

ORDER NO. : 825486-005

CUSTOMER NO: 8151822

FOREIGN FILINGS

NAME: SOTHERLY HOTELS LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

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

Sotherly Hotels LF)				
Acceptable Limited F	imited Partnership or Limited Liabili Partnership suffixes: Limited Partnersh Liability Limited Partnership suffixes: L	ip, Limited, L.P., LP, or Ltd.	20 .		
If name unavailable	, name under which the limited partners business in Florida	hip or limited liability limited page ; must contain acceptable suffix.	artnership proposes to re	gister to t	ransact
2. Delaware		3. August 19, 2004			
Sta	ate or Country of Formation	Date of Formation			
4. Federal Employe	r Identification Number. 20-1965427		,		
	ed Agent for Service of Process and F	lorida Street Address:			
Corporation Service					
1201 Hays Street	···-				
Tallahassee, FL 3230)[
6. I hereby accept th of all statutes rela my position as regi	By: / 1	ance of my duties, and I am fam	rther agree to comply wi iliar with and accept the 	ith the pro obligatio	visions ns of
5 p	v Signature	0	Asst. Vice President	77 (K)	261
7. Principal Office:		8. Mailing Address:		- 14 - 15 - 157	<u></u>
410 West Francis Street		410 West Francis Street		25 N	6- 70F 6 48
Williamsburg, VA 23185		Williamsburg, VA 23185			
				h (2	7
). If limited partner	ship is a limited liability limited parti	nership, check box.	· · · · · · · · · · · · · · · · · · ·		2: 34
0. Name, principal	office address, and mailing address o	f each general partner:		•	_
Name of General	Partner:	Name of General Partne	er:		
Street Address: 410 West Francis Street		Street Address:		• •	
	Williamsburg, VA 23185	Sheet Address			
Mailing Address:	410 West Francis Street	Mailing Address:			
		Maning Madress			
	Williamsburg, VA 23185				
Name of General		Name of General Partne	er:		
	Williamsburg, VA 23185 Partner:				
	Partner:	Street Address:			

Page 1 of 2

Name of Gene	eral Partner:	Name of General Partner:		
Street Address	s:	Street Address:		
Mailing Addre	ess:	Mailing Address:		
(r.gective date can Note: If the date in document's effecti 12. Attached is a c	not be prior to nor more than 90 days, ascreed in this block does not meet the ive date on the Department of State's ertificate of existence duly authentical	after the date this document is filed by the Florida Department of State.) applicable statutory filing requirements, this date will not be listed as the ecords. ted, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under		
the law of which it	day of April	.20 19		
The individual sign submitted in a doci	ning this document affirms that the facument to the Department of State cons	pnature of a general partner President + COO of the General stated herein are true and the individual is aware that false information titutes a third degree felony as provided for in s.817.155, F.S.		
(Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75		

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2819 JUL -9 PM 2: 34



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOTHERLY HOTELS 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 TWENTY-EIGHTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOTHERLY HOTELS LP" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2004.

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

Authentication: 203122181

Date: 06-28-19