Τo. of Cor

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.

(((H23000381170 3)))



H230003811703ABCZ

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 : (954)208-0845 Fax Number : (614)573-3996

nter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address: cwilliams@dauntlesscapital.com

FLORIDA/FOREIGN LP/LLLP DC WESTSHORE LP

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

Electronic Filing Menu Corporate Filing Menu

Help



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

DC WESTSHORE 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 Date of Formation 4. Federal Employer Identification Number 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. Thereby 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. C T Corporation System Isl James Martin Asst. Secretary Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 2700 POST OAK BLVD, FL 21 2700 POST OAK BLVD, FL 21 HOUSTON, TX 77056 HOUSTON, TX 77056 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; DAUNTLESS CAPITAL HOSPITALITY FUND HER LLG. Name of General Partner;_ 2700 POST OAK BLVD, FL 21 Street Address: __ Street Address: _ HOUSTON, TX 77056 2700 POST OAK BLVD, FL 21 Mailing Address Mailing Address: HOUSTON, TX 77056 Name of General Partner:_______ Name of General Partner:______ Street Address: Street Address: Mailing Address: _____ Mailing Address: _____ Page 1 of 2

To:

Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	
	r the date this document is filed by the Florida Department of State.) licable statutory filing requirements, this date will not be listed as the ds.	
	not more than 90 days prior to the delivery of this application to the er official having custody of the entity's records in the jurisdiction under	
Signed this 1ST day of NOVEMBER	.20 23	
	TURE	
Signature of a general partner		

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 \$.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



Page 1

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

DELAWARE, DO HEREBY CERTIFY "DC WESTSHORE 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-FOURTH DAY OF OCTOBER, A.D. 2023.

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

Authentication: 204441656

Date: 10-24-23

To: