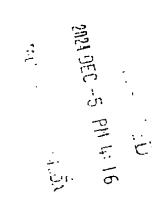
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<u> </u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
fied Copies Certificates of Status
ecial Instructions to Filing Officer:
WZ4000159506 File per Sean Tonc
Office Use Only



400440560974







Filing Cover Sheet

repaid Account # I20160000017	
da Division of Corporations	
SLIE SELLERS C/O Capitol Services, Inc.	
/5/2024	
1514906	
Name: PG ORLANDO NONA DST	
articles of Organization ()	Amendment ()
rticles of Dissolution ()	Annual Report ()
onversion ()	Fictitious Name ()
oreign Qualification (XXX)	Limited Liability ()
imited Partnership ()	Merger ()
einstatement ()	Withdrawal / Cancellation ()
ther (XXX) **TRUST	Partnership Registration ()
EES PREPAID WITH SUNBIZ ACCT #1201600000:	17 in the amount of \$358.75
E RETURN:	
ied Copy (XXX) Plain Stamped Copy	()
Standing () Certificate of Fact ()

Phone: 855-498-5500

AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE TO FILE OR QUALIFY

	PG Orlando Nona	DST	
A _[Delaware statutory	TRUST	
		lersigned, the Chairma o Nona DST	_
Delaware statutory		of Trust) ns in order to file or q	ualify
	o Nona DST	, in the State of	-
(svam	e of Trust)		
1. Two or more perso	ons are named in the Tr	ust.	
2. The principal addr	ess is <u>3500 Lenox I</u> Atlanta	Road, Suite 625 GA 30326	2024
	/ tital ita,	O/1 00020	
3. The registered age		te Services, Inc.	振るデ
		Avenue 2nd FL	2:5
	<u> Tallahassee</u>	e, FL 32301	
agent to accept ser at the place design registered agent an	registered agent: Have vice of process for the ated in this affidavit, I d agree to act in this ca	above named Declarat hereby accept the apportunity.	ion of Trust pintment as
Michael Kim Tadlo	ck, as Asst. Secretary o		orate Services, Ir
	(Signature of Registere	ed Agent)	
_	tached is a true and cor the association propos		
NOTARY	Vame. Chris S Manager of Sc	orensen orensen Entity Services LL	.C, a trustee
One Stex Field State of Virginia Instrument was subscribed and this CR2E(tail(8)100) The Stex Field One Stex Field	Filing Fee: Certified Copy:	\$350.00 \$ 8.75 (optional)	
by 3 December	Rachel Sc	nmshaw	

Commonwealth of Virginia

Notary Public Commission: 00277028

Christopher Sorensen name of person seeking acknowledgement)

Rochel Schmaken

CERTIFICATE OF TRUST

OF

PG ORLANDO NONA DST

This Certificate of Trust is filed in accordance with the provisions of the Delaware Statutory Trust Act (12 Del. C. Section 3801 et seq.) and sets forth the following:

First:

The name of the statutory trust is PG Orlando Nona DST.

Second:

The name and business address of the trustee (meeting the requirements of

subsection 3807) is Sorensen Entity Services LLC, 1201 N. Orange Street,

Suite 7044, Wilmington, Delaware 19801, County of New Castle.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Trust this 2nd day of December, 2024.

SORENSEN ENTITY SERVICES LLC

Not in its individual capacity but solely as

Delaware Trustee

By: Name:

Chris Sorensen

Title:

PG ORLANDO NONA MANAGER, LLC,

a Delaware limited liability company, its Administrative Trustee

Peachtree Hotel Group II, LLC, a By:

Georgia limited liability company

By:

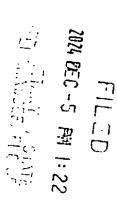
/s/ Jatin Desai

Name:

Jatin Desai

Title:

Manager



Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT
COPIES OF ALL DOCUMENTS ON FILE OF "PG ORLANDO NONA DST" AS
RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF STATUTORY TRUST REGISTRATION, FILED THE SECOND DAY OF DECEMBER, A.D. 2024, AT 3:59 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF

THE AFORESAID CERTIFICATE OF STATUTORY TRUST REGISTRATION IS THE

SECOND DAY OF DECEMBER, A.D. 2024 AT 6 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID STATUTORY TRUST, "PG ORLANDO NONA DST".

Authentication: 205033464

Date: 12-04-24