

F/4000002229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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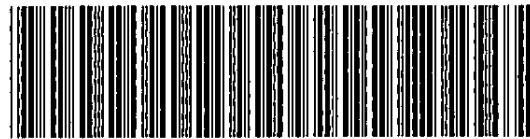
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIV. OF CORPORATION
2014 MAY 21 AM 10:48
TO ADVISORY BOARD
SUFFICIENCY OF FILING

FILED
14 MAY 21 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/22/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 142177 4308537

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : May 20, 2014

ORDER TIME : 10:05 AM

ORDER NO. : 142177-005

CUSTOMER NO: 4308537

FOREIGN FILINGS

NAME: BOCA CENTER HOTEL OPERATOR,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 62956

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Boca Center Hotel Operator, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 27, 2014 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 272 E. Deerpath Road, Suite 320, Lake Forest, IL 60045
(Principal office address)
c/o W.P. Carey Inc., 50 Rockefeller Plaza, 2nd Floor, New York, NY 10020
(Current mailing address)

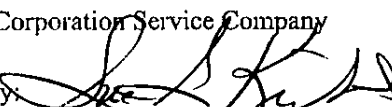
8. Operate and manage hotel property
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation, at the place designated in this application, 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.

Corporation Service Company
By:  Sue G. Knight
(Registered agent's signature) Assistant Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michael Medzigian

Address: 272 E. Deerpath Road, Suite 320

Lake Forest, IL 60045

Director: George Gudgeon

Address: 272 E. Deerpath Road, Suite 320

Lake Forest, IL 60045

B. OFFICERS

President: Michael Medzigian

Address: 272 E. Deerpath Road, Suite 320

Lake Forest, IL 60045

Vice President: George Gudgeon

Address: 272 E. Deerpath Road, Suite 320

Lake Forest, IL 60045

Secretary: Gil Murillo

Address: 272 E. Deerpath Road, Suite 320, Lake Forest, IL 60045

Treasurer: George Gudgeon

Address: 272 E. Deerpath Road, Suite 320, Lake Forest, IL 60045

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. Michael Medzigian, President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**Addendum to Florida Application by Foreign Corporation
For Boca Center Hotel Operator, Inc.**

Item 12.A. Additional Director

Gil Murillo
272 E. Deerpath Road, Suite 320
Lake Forest, IL 60045

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOCA CENTER HOTEL OPERATOR, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOCA CENTER HOTEL OPERATOR, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1388260

DATE: 05-21-14