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.

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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 : CAPITOL SERVICES, INC.

Account Number : I2C1600CCC17
Phone : (855)498-550C
Fax Number : (800)432-3622

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

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION OPENKEY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: OpenKey, Inc.				
Name of corporation - must include suffix				
Dear Sir or Madam:				
	poration for Authorization to Transact Business in Florida, of Good Standing" and check are submitted to register the ansact business in Florida.	•		
Please return all correspondence concerni	g this matter to the following:			
T.J. Person				
	Name of Person			
OpenKey, Inc.				
	Firm/Company			
6404 International Parkway, Suite 1080				
	Address			
Plano, TX 75093		:		
	City/State and Zip code	~ `		
tperson@openkey.co				
E-mail address	(to be used for future annual report notification)	— î.		
For further information concerning this m	itter, please call:	 		
Eric Adler	at ( 206 753-1450			
Name of Person	Area Code Daytime Telephone Number			
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amore Please make check payable to: FLORIDA Dia \$70.00 Filing Fee \$78.75 Filing	PARTMENT OF STATE Fee &  \$\overline{			
Certificate (	f Status Certified Copy Certificate of Status Certified Copy	anis &		

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under the law of which it is incorporated.

## 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.

(If name unavails	ible in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Florida)	
Delaware 3.		81-0759100	
(State or country under the law of which it is incorporated)		3. (FEI number, if applicable)	
11/17/2015		5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
1/29/2020			
		s in Florida, if prior to registration) 1.1502, F.S., to determine penalty liability)	
6404 Internations	•	11302, 1.3., to determine penalty datating)	
	l Parkway, Suite 1080, Plano, TX 75093	office street address)	
6404 Internationa	il Parkway, Suite 1080, Plano, TX 75093	<u></u>	
		11	
	(Current mai	iling address, if different)	
	(Current mai	ning address, it different)	
	(Current maint address of Florida registered agent: (1		
	·		
Name and stree	t address of Florida registered agent: (1		
Name and stree	ct address of Florida registered agent: (I Capitol Corporate Services, Inc. 515 East Park Avenue, 2nd Floor	P.O. Box NOT acceptable)	
Name and stree	ct address of Florida registered agent: (I Capitol Corporate Services, Inc. 515 East Park Avenue, 2nd Floor	P.O. Box NOT acceptable)	
Name and stree	ct address of Florida registered agent: (I Capitol Corporate Services, Inc. 515 East Park Avenue, 2nd Floor		
Name and street  Name:  Tice Address:  Registered age	Capitol Corporate Services, Inc.  515 East Park Avenue, 2nd Floor  Tallahassee  (City)	P.O. Box NOT acceptable) , Florida 32301 (Zip code)	
Name and street Name: Tice Address: Registered againg been name	Capitol Corporate Services, Inc.  515 East Park Avenue, 2nd Floor  Tallahassee  (City)  ent's acceptance: ed as registered agent and to accept se	P.O. Box NOT acceptable) , Florida 32301 (Zip code)  rvice of process for the above stated corporation at the	
Name and street Name: Tice Address: Registered againg been names signated in this	Capitol Corporate Services, Inc.  515 East Park Avenue, 2nd Floor  Tallahassee  (City)  ent's acceptance:  ed as registered agent and to accept se application, I hereby accept the appoint	P.O. Box NOT acceptable) , Florida 32301, Florida (Zip code)  rvice of process for the above stated corporation at the attenuate as registered agent and agree to act in this cape	
Name and street Name: Tice Address: Registered againg been names signated in this orther agree to c	Capitol Corporate Services, Inc.  515 East Park Avenue, 2nd Floor  Tallahassee  (City)  ent's acceptance:  ed as registered agent and to accept se application, I hereby accept the appoint	P.O. Box NOT acceptable) , Florida 32301, Florida (Zip code)  rvice of process for the above stated corporation at the nament as registered agent and agree to act in this capes relative to the proper and complete performance of many c	
Name and street Name:  ffice Address:  Registered againg been names signated in this rther ugree to c	Capitol Corporate Services, Inc.  515 East Park Avenue, 2nd Floor  Tallahassee  (City)  ent's acceptance:  ed as registered agent and to accept se application, I hereby accept the appointments of all statute	P.O. Box NOT acceptable) , Florida 32301, Florida (Zip code)  rvice of process for the above stated corporation at the nament as registered agent and agree to act in this capes relative to the proper and complete performance of many c	
Name and street Name: ffice Address:  Registered age faving been names as a street age for this arther agree to commerce to co	Capitol Corporate Services, Inc.  515 East Park Avenue, 2nd Floor  Tallahassee  (City)  ent's acceptance:  ed as registered agent and to accept se application, I hereby accept the appointments of all statute	P.O. Box NOT acceptable) , Florida 32301, Florida (Zip code)  rvice of process for the above stated corporation at the nament as registered agent and agree to act in this capes relative to the proper and complete performance of many c	

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

\* Taylor Seay 8004323622

## OccuSign Envelope ID; DBF5368E-2098-411C-8F3F-D544802DA895

A. DIRECTORS						
Chairman	Name:	□ Chairman	Name: Monty J. Bennett			
□Vice Chairman	6404 International Parkway, Ste. 1080 Address: <u>Plano, TX 75093</u>	□Vice Chairman	6404 International Parkway, Ste. 1080 Address: Plano, TX 75093			
Director		Director				
President	···	President	<del></del>			
☐ Vice President	<u> </u>	□Vice President				
Secretary	■ Treasurer	Secretary	☐Treasurer			
Other CEO	Other	□Other				
□ Chairman	Name:	⊒Ըևսուսո	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		President				
□Vice President		∐Vice President				
☐ Secretary	□Treasurer	Secretary	☐ Treasurer			
Other		□Other	□Other			
Chainnan	Name:	□ Chairman	Name:			
☐Vice Chairman	Address:	□ Vice Chairman	Address:			
Director		□ Director	<u></u>			
□ President		□President	<u> </u>			
□Vice President		□Vice President				
Socretary	Treasurer	☐ Secretary	☐ Treasurer			
□Otber	Other	□ Other	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
12. Steran	Signature of Diseases	or Officer				
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 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  13. T.J. Person, CEO						
(Typed or printed name and capacity of person signing application)						



Page 1

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

DELAWARE, DO HEREBY CERTIFY "OPENKEY, 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 THIRTEENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPENKEY, INC."

WAS INCORPORATED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2015.

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

<del>---</del>

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SR# 20202113575

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

Authentication: 202579275

Date: 03-13-20