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(only one of the my					
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(Business Entity Name)					
(Document Number)					
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COVER LETTER

	FO: Registration Section Division of Corporations					
SUBJE	CT: Gulf	Coast Hotel Managemen	it, Inc.			
501501	<u></u> _	Name o	of corporation	1 - m	ist include suffix	
Dear Sir	r or Madam	ı:				
"Certifi	cate of Exis	olication by Foreign Co stence," or "Certificate preign corporation to tr	of Good Star	nding	" and check are submit	
Please r	eturn all co	rrespondence concerni	ng this matte	r to tł	ne following:	
Janet Sc	heidegger					
			Name of	Perso	on	
MRV Se	ervices, LC					
			Firm/Con	npany	·	
3501 SV	V Fairlawn F	Road, Suite 200				
			Addr	ess	-	
Topeka.	KS 66614					
			City/State a	and Z	ip code	
jscheide	gger@mrvc	ompanies.com				
		E-mail address	: (to be used	for fu	iture annual report noti	fication)
For furt	her informa	ation concerning this m	atter, please	call:		
Janet Scheidegger		785) 2	Daytime Telephone Number		
	Name of I	Person	Area Coc	le	Daytime Telephor	ne Number
	Registration Division of The Centre 2415 N. M.	COURIER ADDRESS on Section of Corporations of Tallahassee onroe Street, Suite 810 on FL 32303			MAILING ADD Registration Sect Division of Corpe P.O. Box 6327 Tallahassee, FL	ion orations
Please m		c for the following amo ayable to: FLORIDA DE se	PARTMENT g Fee & - Î	■ \$78		☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

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.

(Enter name of land," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	,1		
7.0					
	lable in Florida, enter alternate corporate name a	adopted for the purpose of transacting	business in Flo	rida)	
2. <u>Texas</u>					
(State or count	3. ry under the law of which it is incorporated)	(FEI number, if app	licable)		
4. June 8, 2016	5				
(Date	e of incorporation) 5.	(Date of duration, if other th	an perpetual)		
6.					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability	······································		
7 3501 SW Fairlay	vn Road, Suite 200, Topeka, KS 66614		•		
/·- 	(Principal offic	ce street address)			
	, , , , , , , , , , , , , , , , , , ,				
	(Current mailin)	g address, if different)			
	(**************************************	5 accress) is animone)			
8. Name and stre	et address of Florida registered agent: (P.O	Box NOT acceptable)			
	Business Filings Incorporated	. Don 11021 modephable)	75.20		
Name:				3	
	1200 South Pine Island Road		£.,		
Office Address:			•	' '	
Office Address:		22224	<u>;</u> ;	(2)	
Office Address:		, Florida		9- 330	
Office Address:		, Florida 33324 (Zip code)		cb cb	 17 *
		, Florida 33324 (Zip code)	1	¥3 8 333	7 D
9. Registered ag Having been nam	Plantation (City) ent's acceptance: sed as registered agent and to accept service	e of process for the above stated	corporation a	Co The mi	ii T
9. Registered ag Having been nam designated in this	Plantation (City) ent's acceptance: ted as registered agent and to accept service application, I hereby accept the appointm	e of process for the above stated a	to act in this	The program	ito I
). Registered ag Having been nam designated in this further agree to c	Plantation (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes re	re of process for the above stated ent as registered agent and agree lative to the proper and complete	to act in this	The program	ito I
Having been nam designated in this further agree to c	Plantation (City) ent's acceptance: ted as registered agent and to accept service application, I hereby accept the appointm	re of process for the above stated ent as registered agent and agree lative to the proper and complete	to act in this	The program	ito I
). Registered ag Having been nam designated in this further agree to c	Plantation (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes re	re of process for the above stated ent as registered agent and agree lative to the proper and complete	to act in this	The program	ito I
). Registered ag Having been nam lesignated in this further agree to c und I am familian	Plantation (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes re	re of process for the above stated ent as registered agent and agree lative to the proper and complete ition as registered agent.	to act in this performance	The program	ito I

10. 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.

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

A. DIRECTORS						
□Chairman	Name: Bruce Christenson	□ Chairman	Name: James Walker			
□ Vice Chairman	Address:	□ Vice Chairman	Address:			
Director	Suite 150	Director	Suite 150			
□President	Houston, TX 77042	□President	Houston, TX 77042			
■Vice President		■ Vice President				
☐ Secretary	Treasurer	■ Secretary	☐Treasurer			
□Other	□Other	Other				
☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other ☐CEO	Suite 780 Dallas, TX 75252 ☐Treasurer	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Name:Address:			
	Name:	□Vice Chairman	Name:			
□ President		□Director				
□Vice President		□ President				
		□ Vice President				
Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other	[]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 filinglyour Florida Department of State Annual Report form. 12. 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. Bruce L. Christenson, Vice President/Treasurer						

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Gulf Coast Hotel Management, Inc. (file number 802475339), a Domestic For-Profit Corporation, was filed in this office on June 08, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin. Texas on October 29, 2020.



Ruth R. Hughs Secretary of State

(512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1004785740003