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DATE:

11-23-2011

NAME:

WATERFRONT HOSPITALITY MANAGEMENT LLC

TYPE OF FILING: APPLICATION BY FOREIGN LLC TO TRANSACT BUSINESS IN FLORIDA

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

# 1, 110 2.3 4.4 2. 3r.

#### **COVER LETTER**

TO: Reg

Registration Section Division of Corporations

#### SUBJECT: WATERFRONT HOSPITALITY MANAGEMENT LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Capitol Services Corpo	orate Filings Team	•
	Name of Person	<del></del>
Capitol Services, Inc.		
•	Firm/Company	
800 Brazos, Suite 400		
	Address	
Austin, TX 78701		
	City/State and Zip Code	
	Cindy China why com	IMPORTANT: The email address
E-mail address For further information concerning this matter, p	: (to be used for <u>future amual report notification)</u>	entered here will be utilized for future ANNUAL REPORT NOTIFICATIONS!!
ERIN GREENWOOD	at ( 800 ) 345-4647	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations Registration Section	
P.O. Box 6327 Tallahassec, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following am  \$125.00 Filing Fee \$130.00 Filing Certificate of S	Fee & [ \$155.00 Filling Fee & [ \$160.00 Filing Fee,	

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WATERFRONT HOSPITALITY MANAGEMENT LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
4. 11/16/2011  (Date of Organization)  5. PERPETUAL  (Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 P.S. to determine penalty liability)
7. 5847 SAN FELIPE STREET, STE 4650
HOUSTON, TX 77057  (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
SOLE MEMBER - Westmont Investments LLC, 5847 San Felipe Street, Ste 4650, Houston, TX 77057
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under cath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: MANAGEMENT SECULES
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true. I am aware that any 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.)
MOEZ MANGALJI

Typed or printed name of signee

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Cor	mpany is:
WATERFRONT HOSPITAL	ITY MANAGEMENT LLC
If unavailable, the alternate to be used in	the state of Florida is:
2. The name and the Florida street address	ss of the registered agent and office are:
Capitol Corporate Se	ervices, Inc.
	(Name)
155 Office Plaza Dr	Ste A
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	FL 32301
	City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

### Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WATERFRONT HOSPITALITY MANAGEMENT
LLC" 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-SECOND DAY OF
NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WATERFRONT HOSPITALITY MANAGEMENT LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2011.

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

5066610 8300

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AUTHENTICATION: 9175761

DATE: 11-22-11

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