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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

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SECRETARY OF STATE

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TO EC 20 AM 7: 07.

## Foreign Limited Liability Company 2377 COLLINS RESORT GP, L.L.C.

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

T. CLINE

DEC 2 1 2011

EXAMINE

#### COVER LETTER

SUBJECT:	2377 Collins Resort GP, L.L.C.			
		Name of Limited Liability Company	•	
The enclosed "Appli Existence, and check	ication by Foreign Limited care submitted to register t	Liability Company for Authorization to Transact Business in the above referenced foreign limited liability company to train	n Florida," Certificate of asset business in Florida	
Please return all corr	respondence concerning thi	s matter to the following:		
		Nate Richman		
	Name of Person			
	Rinaldi, Finkelstein & Franklin, LLC			
	Firm/Company			
	591 West Putnam Avenue			
		Address	•	
	Greenwich, CT 06830			
		City/State and Zip Code	5 S	
		nrichman@starwood.com	DEC	
or further informatio	e-man addres	s: (to be used for future annual report notification)	C 20 TARY I	
	Nate Richman	st ( 203 ) 422-7769	DES THE	
	Name of Person	Area Code & Daytime Telephone Number	S <sup>×</sup>	
MAILING A	address:	STREET ADDRESS:	gri k	
Division of C		Division of Corporations		
Registration P.O. Box 633		Registration Section Clifton Building		
Tallahassee,		2661 Executive Center Circle Tallahassec, FL 32301		
nclosed is a chec	k for the following am	ount:		
\$125.00 F		<del>-</del>	g Pee, Certificate & Certified Copy	

TO:

Registration Section

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 2377 Collins Resort GP, L.L.C. (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.") Delaware 2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Perpetual (Date of Organization) (Duration: Year limited liability company will ceuse to exist or "perpetual") upon filing (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 591 West Putnam Avenue, Greenwich CT 06830 (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: Hotel Place 24, L.L.C. 591 West Putnam Avenue, Greenwich, CT 06830 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; /s/ Kevin Colket 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 ponalties of perjury that the facts stated herein are true.)

Kevin Colket

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 Comp	pany is:	
	. 2377 Co	ollins Resort GP, L.L.C.	
If unavailable, the al	ternate to be used in the	e state of Florida is:	
2. The name and the	: Florida street address	of the registered agent and office are:	
	ст	Corporation System	
		(Name)	
		South Pine Island Road	SE SE
,	Florida Street Add	Iress (P.O. Box NOT ACCEPTABLE)	CRETA
	Plantation	FL 33324	ASS ASS
igent and agree to ac eluting to the proper obligations of my post C T Corpora	it in this capacity. I furth and complete performa- ition as registered agent tion System	City/State/Zip to accept service of process for the above his certificate, I hereby accept the appo her agree to comply with the provisions note of my duties, and I am familiar with t as provided for in Chapter 608, Florid	s of all statutes h and accept the
Ş	(Signature) A Bunka pecial Assistant Secretary		
	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional)	

5.00 Certificate of Status (optional)

√<u>></u>,

# Delaware

PAGE

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2377 COLLINS RESORT GP, L.L.C." 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 TWENTIETH DAY OF DECEMBER, A.D. 2011.

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

5077753 8300

111217075

AUTHENTICATION: 9241887

DATE: 12-20-11

You may verify this cartificate onling at corn delaware confortables.