

Division of Corporations Electronic Filing Cover Sheet

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(((H13000004493 3)))



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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 : (302)674-4089

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

Email Address: Serna@crescentheights.com

Foreign Limited Liability Company CH MIAMI HOTEL HOLDINGS, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

JAN -8 2013

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

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE | ES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ESTATE OF FLORIDA: |
|---|--|
| 1. CH MIAMI HOTEL HOLDINGS, LLC | |
| (Name of Foreign Limited Liability Company; must include | le "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company, ""L.L.C," "LLC.") | e of transacting business in Floride and attach a copy of the written tabe name. The alternate name must include "Limited Liability |
| 2. DELAWARE 3 | 45-4783778 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) |
| 4. MARCH 13, 2012 | DECEMBER 31, 2042 |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. UPON QUALIFICATION | ~ ~ 6 |
| (Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.) | ida, if prior to registration.) o detarmine penalty liability) |
| 7. 2200 BISCAYNE BOULEVARD | |
| MIAMI, FL 33137 | Harris Ha |
| (Street Address o | f Principal Office) |
| 8. If limited liability company is a manager-managed c | ompany, check here |
| 9. The name and usual business addresses of the manage | ging members or managers are as follows: |
| Sonny Kahn, 2200 Biscayne Bouleva | ard, Miami, FL 33137 |
| David B. Smith, 2200 Biscayne Bould | evard, Miami, FL 33137 |
| Russell Galbut, 2200 Biscayne Boule | evard, Miami, FL 33137 |
| 10. Attached is an original certificate of existence, no more than 90 dittie jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under each of the translator must be subm | |
| 11. Nature of business or purposes to be conducted or p | promoted in Florida: |
| Real Estate Development | <u> </u> |
| | |
| | orized representative of a member. |
| (In accordance with section 608.408(3), F.S., the execution of perjury that the facts stated herein are true. | on of this document mostifistes an affirmation under the 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.B17.155, F.S.) |
| Sharon Christenbury, Authori | zea Sianatory |

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 CH MIAMI HOTEL HO | • • |
|--|--|
| If unavailable, the alternate to be used | l in the state of Florida is: |
| 2. The name and the Florida street ad | Idress of the registered agent and office are: |
| Sharon Chri | stenbury, Esq. |
| | (Name) |
| 2200 Biscay | ne Boulevard |
| Florida Str | eet Address (P.O. Box NOT ACCEPTABLE) |
| Miami | _{FL} 33137 |
| | 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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CH MIAMI HOTEL HOLDINGS, 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 SEVENTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH MIAMI HOTEL HOLDINGS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MARCH, A.D. 2012.

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

5123332 8300

130017642

You may verify this certificate online

AUTHENTY CATION: 0123841

DATE: 01-07-13