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Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Foreign Limited Liability Company ARL Tampa Management LLC

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Electronic Filing Menu

Corporate Filing Menu

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CR2E027 (9/10)		COVER LETTER			
	ration Section on of Corporations		\		
SUBJECT: _	RL Tampa Management LLC				
	,	lame of Limited Liability Company			
The enclosed "A Existence, and o	Application by Foreign Limited Li check are submitted to register the	ability Company for Authorization to Transact Busine above referenced foreign limited liability company to	ss in Florida," transact busir	' Certifi vess in f	cate of forida
Picase return al	l correspondence concerning this r	matter to the following:			
	Cynthia Warren				
		Name of Person			
	Pyramid Hotel Group				
		Firm/Company			
	One Post Office Square, Suite 3	100			•
		Address			
	Boston, MA 02109		,ess		
		City/State and Zip Code	7.5		
	j CLS-AnnualRepor	tFilingTeam@wolterskluwer.com	030	<u>3</u>	et et p
	E-mail address	: (to be used for future smuss) report notification)	HA.E.	au a	S. j
For fluther info	rmation concerning this matter, pl	ease call:	SE SE	5	Astronomic L
			in di		1 3 Carre
	Name of Person	Area Code & Daytime Telephone Number	- ORI	<u></u>	
Divisi	ING ADDRESS: on of Corporations	STREET ADDRESS: Division of Corporations	IDA		
P.O. E	tration Section Box 6327	Registration Section Clifton Building			
Talleh	nassee, FL 32314	2661 Executive Center Circle Tatlahassee, FL 32301			

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

IN COMPLIANCE WITH SECTION OR SIX FLORIDA STATISTISS THE FOLLOWING IS SUBMITTED TO REGISTED A FOREIGN

UMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ACCOSTER.	A roi	VEZUVV
1. ARL Tampa Management LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of	v. 21.1.(*, *)		
thints blank, Company, Labor, Company,	, <u> </u>		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attaceonsent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C," "LLC.")	h a copy or "Limited L	f the wi	rinen †
2. Massachusetts 3.			
(Jurisdiction under the law of which foreign limited flability company is organized) (FEI number, if applicable)			
4. August 9, 2013 5. perpetual			
(Date of Organization) (Duration: Year limited liability compar uxist or "perpetual")	y will coas	e to	
6. upon filing			
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	145 · · · · · · · · · · · · · · · · · · ·	,	
7. One Post Office Square, Suite 3100			
Boston, MA 02109	O E		
(Street Address of Principal Office)	- £88	$\ddot{\omega}$	
8. If limited liability company is a manager-managed company, check here	AHA.	AUG	e original e original
9. The name and usual business addresses of the managing members or managers are as fo	llows:	Ġ	4
Richard M. Kelleher One Post Office Square, Suite 3100 Boston, MA 02109	Luco	3m	Ato in
Warren W. Fields One Post Office Square, Suite 3100 Basion, MA 02109	S TA	<u> </u>	in some
James R. Dina One Post Office Square, Suite 3100 Boston, MA 02109	ΕĐΑ	<u>.</u>	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official has the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fortranslation of the certificate under only of the translation must be submitted.)			ords ir
11. Nature of business or purposes to be conducted or promoted in Florida:			
real estate			
Signature of a member or an authorized representative of a member.			
(In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation penalties of perjury that the facts stated herein are true. I am aware that any false information subtraction document to the Department of State constitutes a third degree felony as provided for in \$.81	nitted in a	.	
Typed or priviled pame of signer		•	
Typed or printed name of signer			

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.

ARL Tampa Mor f unavailable,		te to be used in the state of Florida is:	-
2. The name a	nd the Flori	ida street address of the registered agent and office are:	
		C T Corporation System	
		(Name)	
		1200 South Pine Island Road	<u></u>
		Florida Street Address (P.O. Box NOT ACCEPTABLE)	AUG
	Plantation	33324	ள
		FL City/State/Zip	ic.
		grande	Ç.
ability compa egistered age tatutes relatin	ny at the plo it and agree g to the pro	elstered agent and to accept service of process for the above state Elimited accept the appointment as accept the appointment as to act in this capacity. I further agree to comply with the provisions of all appearance of my duties, and I am familiar with and my position as registered agent as provided for in Chapter 608, Florida	
		CT Corporation System COOOLS Brillon	
	By:	Connie Bryan (Signalug) Assistant Secretary	
		\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	



Commonwealth

The Gommonwealth of Massachusetts Secretary of the Gommonwealth State House, Boston, Massachusetts 02188

August 9, 2013

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

ARL TAMPA MANAGEMENT LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on August 9, 2013.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; that said Limited Liability Company has not been administratively dissolved; and that, so far as appears of record, said Limited Liability Company has legal existence.





Processed By:PM

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth