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OFFICE OF CRIOKATION

2018 AUG 16 R 4-25

TALLAHASSEE, FLORI

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ACCOUNT NO. : I2000000195

REFERENCE: 766879 5174342

AUTHORIZATION :

COST LIMIT : \$ 125.00 %

ORDER DATE : August 16, 2013

ORDER TIME : 2:27 PM

PLEASE FILE 1ST*

ORDER NO. : 766879-005

CUSTOMER NO: 5174342

FOREIGN FILINGS

NAME: NORWICH GP LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XX PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

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 -

LI _M	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:			
1. ¹	Norwich GP LLC			
••-	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC."	')	=
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and att usent of the managers or managing members adopting the alternate name. The alternate name must includ impany," "L.L.C," "LLC.")			
2. [Delaware 3. 26-0766097			
$\overline{}$	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)	e)		-
4.	July 12, 2007 5. perpetual			
	(Date of Organization) (Duration: Year limited liability compensation exist or "perpetual")	any will ce	ase to	-
6.	(Date first transacted business in Florida, if prior to registration.)	··· ·		-
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7.	545 E John Carpenter Freeway, Suite 1400, Irving, TX 75062			_
		\mathbb{Z}_{∞}		
	(Street Address of Principal Office)		 	-
8.	If limited liability company is a manager-managed company, check here	(E TAX	9 i 9/	TOTAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE
9.	The name and usual business addresses of the managing members or managers are as f	ollows:		7'8'1
	Paul R Womble - Vice President	101 101	ৣ	11200
	Rickey D. Whitworth - Vice President	TE AUN	<u>—</u>	
				-
10.	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official h	aving cust	ndvofn	- econds in
thej	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a f	_		
tran	nslation of the certificate under oath of the translator must be submitted.)			
11.	. Nature of business or purposes to be conducted or promoted in Florida:			-
	Hotel Management			
-	1 Millians			
	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 penalties of perjury that the facts stated herein are true. I am aware that any false information suldocument to the Department of State constitutes a third degree felony as provided for in s.8	bmitted in		
	RICKEY D. WHITWORTH	* 2 * 1 2 2 2 4 1 1 1	,	
	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 nam	e of the Limited Liability C	ompany is:		
If unavailab	le, the alternate to be used i	n the state of Florida is:		
2. The nam	e and the Florida street add	ress of the registered agent and office are	:	
	Corporation Service Con	npany	Ç;	
		(Name)	13 A SEC ALL	ruszióa e .
•	1201 Hays Street		13 AUG I SECKET ALLAHA	1457777444
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			gjevsant G
	Tallahassee	FL 32301	AH IO: 0	
		City/State/Zip	OI RIDA	-

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.

Corporation Service Company

Sue G. Knight

Assistant Vice President

(Signature)

\$ 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 "NORWICH GP, 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 SIXTEENTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORWICH GP, LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

13 AUG 16 AM ID: BI
SECRETARY OF STATE
JALLAHASSEE, FLORIDA

4387672 8300

130998365

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 0671647

DATE: 08-16-13

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