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J. SAULSBERRY EXAMINER

SEP 10 2013



ACCOUNT NO. : 12000000195 REFERENCE : 787882 5152386 AUTHORIZATION : COST LIMIT : ORDER DATE: September 5, 2013 ORDER TIME : 10:57 AM \*\*PLEASE FILE 2ND\*\* CONVERSION FILED IN DOMESTIC ORDER NO. : 787882-120 STATE.WITHDRAWAL WAS FILE 1ST\*\* CUSTOMER NO: 5152386 FOREIGN FILINGS NAME: CRESTLINE HOTELS & RESORTS, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY 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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Crestline Hotels & Resorts, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "J	.LC:")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach; a consent of the managers or managing members adopting the alternate name. The alternate name must include "Li Company," "L.L.C," "LLC.")	copy of the written mited Liability
Delaware 3, 52-2214429	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
12/3/99 (converted 8/28/13) 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company wexist or "perpetual")	ill cease to
5.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	2010
3950 University Drive, Suite 301	- S
Fairfax, VA 22030	1 to
(Street Address of Principal Office)	
3. If limited liability company is a manager-managed company, check here	
The name and usual business addresses of the managing members or managers are as follows:	AN 9: 12
Nicholas S. Schorsch, William M. Kahane, E. Michael Weil, Brian S	7-
405 Park Avenue, New York, NY 10022	
Simon Pedro Barcelo, José Rover Motta, 27, 07006 Palma de Mallorca, Baleares	, España
(0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign ranslation of the certificate under oath of the translation must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
Hotel management	•1
for I WM	
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 penalties of perjury that the facts stated herein are true. I am aware that any false information submitted document to the Department of State constitutes a third degree felony as provided for in \$.817.13	ed in a
James A. Carroll	•

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 Lin	nited Liability Com	pany is:			
Crestline Hot	els & Reso	rts, LLC			
If unavailable, the alter	nate to be used in the	he state of Florida is:			
2. The name and the F	lorida street address	s of the registered agent and office are:		<del></del>	
The	Prentice-Ha	all Corporation System, Inc.	4 	201	
	·	(Name)		<u> </u>	
1201 Hays Street		A The second of	E-9		
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	1. 7		
Tall	ahassee	FL 32301 City/State/Zip		4 9: 12	****

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.

Sue G. Knight
<u>Assistant V</u>ice President

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## Delaware

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#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CRESTLINE HOTELS & RESORTS, 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 FIFTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRESTLINE HOTELS & RESORTS, LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 1999.

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AUTHENTY CATION: 0713700

DATE: 09-05-13

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