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ACCOUNT NO. : I2000000195 REFERENCE : 832210 7818017 AUTHORIZATION : COST LIMIT : \$ 130.00 ORDER DATE: October 2, 2013 ORDER TIME : 10:13 AM ORDER NO. : 832210-005 CUSTOMER NO: 7818017 FOREIGN FILINGS NAME: SUMMIT HOSPITALITY I, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY XX 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Summit Hospitality I, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "ILC."	5
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "LL.C," "LLC.")	
2. Delaware (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 12/08/2004 5. Pagantus L	
(Date of Organization) (Darrigh: Year limited liability company will cease exist or "perpetual")	sc to
6. Upon Filing Approval	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	,
7. 12600 Hill Country Blvd. Suite R100	
Austin, TX 78738	
(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:	
Summit Hotel Properties, inc.	
12600 Hill Country Bivd. Suite R100	
Austin, TX 78738	
10. Attached is an original confificate of existence, no more than 90 days old, duly authenticated by the official having custod hejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languarisation of the certificate under onth of the translator must be submitted.) 1. Nature of business or purposes to be conducted or promoted in Florida: Hotel Ownership	
· Grown Eng	·
Signature of a member or an authorized representative of a member.	
(In secondance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are true. 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.817.155, F.S.)
Christopher Eng	

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.

The name of Summit Hospital				
If unavailable, t	he alternate to be used i	n the state of Florida is:		
2. The name an	d the Florida street add	ress of the registered agent and office are:		
	Corporation Service Con	npany .	at. N	
		(Name)	73E 75E	
	1201 Hays Street		S S	1 (mark 1)
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		\$ 5 d	france -
	Tallahassee	FT. 32301		And the state of t
		City/State/Zip	ORIOA DATE	* Agents

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

Assistant Vice President

\$ 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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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SUMMIT HOSPITALITY I, 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 SEPTEMBER, A.D. 2013.

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131094366

AUTHENTY CATION: 0740003

DATE: 09-16-13

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