## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000220608 3)))



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Division of Corporations

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## Foreign Limited Liability Company HHLP WINTERHAVEN ASSOCIATES, LLC

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DCT - 4 2013

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Corporate Filing Menu

Help

C.C.C.C. (#10)	COVER LETTER	
	istration Section alon of Corporations	
SUBJECT:	HHLP WINTERHAVEN ASSOCIATES, LLC	
annaect: _	Name of Limited Liability Company	
The enclosed ' Existence, and	"Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida," Co deleck are submitted to register the above referenced foreign limited liability company to transact business	ertificate of I in Florida
Please return a	all correspondence concerning this matter to the following:	
	KRISTIN VANBUREN	
	Name of Person	
	HERSHA HOSPITALITY	
	Pirm/Company	
	510 WALNUT STREET, 9TH FLOOR	2013 OCT
	Address	
	PHILADELPHIA, PA 19106	y: €.
	City/State and Zip Cods	مانت المانت
	legal@herzha.com	
For further infi	E-mail address: (to be used for future annual report actification)  formation concerning this matter, please call:	
<del>-</del>	Name of Person Area Code & Daytime Telephone Number	
Divisi Regisi P.O. E	LING ADDRESS:  stration of Corporations  stration Section  Box 6327  clifton Building  hassee, FL 32314  Call Executive Center Circle  Tallahassee, FL 32301	
	a check for the following amount:  25.00 Filing Fee  \$\Bigcup \$130.00 Filing Fee & \$\Bigcup \$160.00 Filing Fee, Certificate of Status  Certified Copy of Status & Certified Copy	

I COMPLIANCE WITH SECTION 608.503, FLORID. MITED LIABILITY COMPANY TO TRANSACT BUSIN	A STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORM
MITEDIZABILITT COMPANY TO TRANSACT BUSING HHLP WINTERHAVEN ASSOCIATES, LLC	ESS IN THE STATE OF FILMILIA:
	must include "Limited Liability Company," "L.L.C.," or "LLC.")
(remote to cognition to any company,	and more annual entring company; who is the first
nsent of the managers or managing members adoption on pany, ""L.L.C." "LLC.")	r the purpose of transacting business in Florida and attach a copy of the wri ing the alternate same. The alternate name must include "Limited Liability
DE	2 APPLIED FOR
(Jurisdiction under the law of which foreign limited company is organized)	(PEI number, if applicable)
10/1/2013	PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
upon filing	المارية
(Date first transacted bus	siness in Florids, if prior to registration.) 08.502 F.S. to determine penalty liability)
	08.502 F.S. to determine penalty liability)
44 HERSHA DRIVE	(2) 2°
HARRISBURG, PA 17102	["e1 cm
(Spe	at Address of Principal Office)
If limited liability company is a manager-	managed company, check here
The name and usual business addresses of	f the managing members or managers are as follows:
HHLP WINTERHAVEN MANAGER, LLC - 44	4 HERSHA DRIVE, HARRISBURG, PA 17102
	nore than 90 days old, duly authenticated by the official having custody of record (A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)
. Nature of business or purposes to be con-	dycted or promoted in Florida: HOTEL
	-
XX XX	$\mathcal{N}$
Signature of a member	r 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 the
manalètas afractions élas de la firme ataul le	nerein are true. I am aware that any false information submitted in a

ASHISH R. PARIKH, MANAGER

Typed or printed name of signee

FLOST - 05/13/2013 Welliet Eldret Outine

## 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.

emate to be used i	- the series of Pile 1.d. Lan	
	n the state of Florida is:	
Florida street addr	ess of the registered agent and office are:	Z0
	C T Corporation System	2013 OCT
,	(Name)	OCT -3
1	200 South Pine Island Road	
Florida Stree	t Address (P.O, Box NOT ACCEPTABLE)	
ation	FI, 33324	\$ 38 \$ 38
		(Name)  1200 South Pine Island Road  Floride Street Address (P.O. Box NOT ACCEPTABLE)  ation 33324

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.

By: Margaret & Carbon System MAHGAHET E. ROUTZAHN

By: Margaret & Special Assistant Secretary

(Signature)

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



DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HALP WINTERBAVEN ASSOCIATES, 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 THIRD DAY OF OCTOBER, A.D. 2013.

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

5407992 8300

131150458

for may verify this certificate coline

Selfury W. Bullock, Socretary of State

DATE: 10-03-13