#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	From:		
		Account Name : C T CORPORATION SYSTEM	Jan 1
	**	Account Number : FCA000000023	<u> </u>
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## Foreign Limited Liability Company HHLP BLUE MOON ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

Help

CR2E027 (9/10)	COVER LETTER		
	COVERLETTER		
	stration Section ion of Corporations		
SUBJECT: _	HHLP BLUE MOON ASSOCIATES, LLC		
	Name of Limited Liability Company		
The enclosed ' Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florids, Concern are submitted to register the above referenced foreign limited liability company to transact business.	ertificate of s in Fiorida.	
Picaso return a	ll correspondence concerning this matter to the following:	्रेक ००	2013
	KRISTIN VANBUREN		13 OCT
	Name of Person	3 × 5	
	HERSHA HOSPITALITY	- SSS   (383	ţ
	Firm/Company	in i con	3
	510 WALNUT STREET, 9TH FLOOR	[35]	Ç.
	Address	<b>ॐ</b> 'के	2
	PHILADELPHIA, PA 19106		
	City/State and Zlp Code		
	legal@hersha.com		
	E-mail address: (to be used for future annual report notification)		
Por further infi	ormation concerning this matter, please call:	·	

MAILING ADDRESS: Division of Corporations Registration Section

P.O. Box 6327 Tallahassoo, FL 32314

Enclosed is a check for the following amount:

\$\Boxed{135.00}\$ \text{Filing Fee} \Boxed{\Boxed{130.00}} \text{Filing Fee} & Certificate of Status

Name of Person

STREET ADDRESS: Division of Corporations

Registration Scotlon
Clifton Building
2661 Executive Center Circle
Tullahassee, FL 32301

Area Code & Daytime Telephone Number

☐ \$155.00 Piling Fee & ☐ \$160.00 Filing Fee, Certificate
Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HHLP BLUE MOON ASSOCIATES, LLC (Name of Foreign Limited Liability Company; n	nust include "Limited Liability Company," "L.L.C.," or "LLC.")
consent of the managers or managing members adopting Company," "L.L.C." "LLC.")	the purpose of transacting business in Florida and attach a copy of the writte g the alternate name. The alternate name must include "Limited Liability
2. DE	3. APPLIED FOR
(Jurisdiction under the law of which foreign limited is company is organized)	liability (FEI number, if applicable)
4. 10/1/2013	5. PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON FILING	* * * * * * * * * * * * * * * * * * *
(Date first transacted busin (See sections 608,501 & 608	ness in Plorida, if prior to registration.) 8,502 P.S. to determine penalty liability)
7. 44 HERSHA DRIVE	
HARRISBURG, PA 17102	
(Street	t Address of Principal Office)
t	
8. If limited liability company is a manager-m	anaged company, check here [A]
9. The name and usual business addresses of	the managing members or managers are as follows:
HHLP BLUE MOON MANAGER, LLC - 44 HE	RSHA DRIVE, HARRISBURG, PA 17102
10 An Latin and 1 and 10	
	ov than 90 days old, duly authenticated by the official having custody of record A photocopy is not acceptable. If the certificate is in a fibreign language, a
translation of the certificate under outh of the translator m	
	•
11. Nature of business or purposes to be cond	ncted or promoted in Florida:
XXXX /	义 ·
Signature of a member	or an authorized representative of a member.
——————————————————————————————————————	S., the execution of this document constitutes an affirmation under the
penalties of parjury that the facts stated he	rein are true. I am aware that any false information submitted in a
penalties of parjury that the facts stated he	constitutes a third degree felony as provided for in s.817.155, P.S.)

## 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 Limited Liability HHLP BLUE MOON ASSOCIATES, LLC	· · · · ·		
If unavailable, the alternate to be use	ed in the state of Florida is:		
N/A .	74. 14. 15. 16.		
2. The name and the Florida street a	2013 OCT - 51 UKE 14 FAILLAHAS		
	C T Corporation System		
<del></del>	(Namo)		I
	1200 South Pine Island Road	98 9	A
Florida S			
Plantation	FL 33324		
<del></del>	Clty/State/Zlp		

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: Warguel & Variation Special Assistant Secretary

(Signature)

MARGARET E. ROUTZAHN

Special 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)

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HHLP BLUE MOON 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.

DATE: 10-03-13