## 000005566 Division of C

Page 1 of 1

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

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#### Foreign Limited Liability Company HOTEL WEST PALM BEACH GP, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help

J. SHAVERS APR 0 7 2014

#### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hotel West Palm Beach GP, L.L.C.
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Juan Martinez-Hill
Name of Person
Rinaldi, Finkelstein & Franklin, LLC
Pinta/Company .
591 West Puinam Avenue, lat Ploor
Address Address
Greenwich, Confectical 00830
City/State and Zip Code
imenting hill (Alternacian com
Imarunezhiu@starwood.com E-mail address: (to be used for future annual report sorification)
E-mail address: (to be used for future annual report soffication)  RA  Por further information concerning this matter, please call:
Juan Mertinez-Hill at (203 422-7779
Name of Contact Person Area Code Daytimo Telephone Number
MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Section Contex Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTBUSINESS IN THE STATE OF FLORIDA:

1. Hotel West Palm Beach GP, L.L.C.  (Name of Foreign Limited Liability Company; must locited "Limited Liability Company," "L.L.C.," or "LLC.")	<del></del>
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Liability Company," "L.L.C," or "L.C.")	Jmlted
2 Delaware 3. (Jurisdiction under the law of which foreign limited liability (PEI number, if applicable)	<b>_</b>
company is organized)	
4. Upon filing.  (Date first transacted business in Florida, if prior to regularition.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	<del>-</del>
3 591 West Pulnam Avenue	
Greanwich, Connecticut 06830	
(Stree! Address of Principal Office)	7
6. 591 West Putnam Avenue	_ <del>\$</del>
Greenwich, Connecticut 06830	<u>_</u>
(Mailing Address)	- ·
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/arety	<b>}</b> ⊗:
Jerome C. Silvey, Executive Vice President	<u> </u>
D	— E
8: Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the o having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the training be submitted)	t
Signature of an authorized person (In apportance with section 605,0203, F.S., the execution of this document constitutes on affirmation under the penaltics of perjury that the facts stated he am owers that any false information submitted in a deciment to the Community of State constitutes a third degree fatory as provided for in s. \$17.155, F.S.  Jerome C. Silvey, Executive Vice President	erein ese true. ( i.)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	ne of the Limited Liability Palm Beach GP, L.L.C.	Company is:	<del>-</del>
If unavailal	ble, the alternate to be used	d in the state of Florida is:	
2. The nam	ne and the Florida street ad	idress of the registered agent and office are:	-
	C T Corporation System		
		(Name)	14
	1200 South Pine Island R		4 APR -
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)	£ 7
	Plantation	PL 33324	盘 门
		City/State/Zip STA	ထ
liability con registered a statutes rela accept the o	npany at the place designati gent and agree to act in thi uling to the proper and com	nt and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, Florida	ī.
Statutes.		+ -	
	C T Corporation Systems:	1 1- contractor	
		(Signature) Madonna Cud Special Assistant S	dihy jecretary
	<u>-</u> -	00.00 Filing Fee for Application 25.00 Designation of Registered Agent	
		30.00 Cartified Copy (optional)	
	\$	5.00 Certificate of Status (ontional)	

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOTEL WEST PALM BEACH GP, L.L.C." 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 FOURTH DAY OF APRIL, A.D. 2014.

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

DATE: 04-04-14