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(Re	equestor's Name)	
(Ac	ldress)	<u></u>
(Ac	ldress)	<u> </u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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AVESTON OF CORPORATIONS

FILED

14 APR II AN IO: 07

SECRETARY OF STATE

APR 1 4 2014

T DOOM



ACCOUNT NO. : I2000000195

REFERENCE : _089754

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: April 9, 2014

ORDER TIME : 2:59 PM

ORDER NO. : 089754-030

CUSTOMER NO: 7527656

FOREIGN FILINGS

NAME: HHLP KEY WEST ONE MANAGER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: - EXT# 52920

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations

HHLP Key West One Manager, LLC
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

Please return all correspondence concerning this man	ter to the following:
Kasey Stelweck	c/o Thea Parent, Esq.
	Name of Person
Hersha Hospital	ity
	Firm/Company
510 Walnut Stre	et, 9th Floor
	Address
Philadelphia, PA	19106
	City/State and Zip Code
legal@hersha.co	
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please	call:
Kasey Stelweck	215 238-1046X2440
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

☐ \$160.00 Filing Fee, Certificate □ \$155.00 Filing Fee & of Starus & Certified Copy Certified Copy

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

(Name of Poreign Limited Liability Company; must include	Limited Linkitity Company." "L.L.C.," or "ELC.")	
If name anavailable, and alternate name adopted for the purpose of transa- Liability Company." "L.L.C." or "L.C.")	cling business in Florida. The alternate name must include	le "Limited
, DE 3 ,	Applied for	
(forisdiction under the law of which foreign limited tiability company is organized)	(FEI number, if applicable)	**************************************
4. Upon filing		
(Date first transacted costness in Flori (See sections 605.0904 & 605.0905, F.S.	ica, if prior to registration.) to determine penalty liability)	£.
_{5.} 44 Hersha Drive	5- 12- 12- 12- 12- 12- 12- 12- 12- 12- 12	APR III
Harrisburg, PA 17102	(A) (A) (B)	
(Street Address of P 5, 510 Walnut Street, 9th Floor	Principal Office)	AH 10:10
Philadelphia, PA 19106	200 A	: 2
(Mailing A	ddress)	
7. The name, title or capacity and address of the person((s) who has/have authority to manage is/are	:
AshishR. Parikh, CFO and Neil H. S	Shah, President and COO	
44 Hersha Drive		
Harrisburg, PA 17102		

acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, I am sware that any fulse information submitted in a document to the Department of State constitutes a third degree falony as provided for in s.817.255, F.S.)

Ashish R. Parikh

Typed or printed name of signee

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.

1. The name of the Limited Liability Company is: HHLP Key West One Manager, LLC If unavailable, the alternate to be used in the state of Florida is:				
	Corporation Service Com	pany		
	Marie de la companya	(Name)	-	
	1201 Hays Street			
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	-	
	Tallahassee	FI. 32301	•	

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 stances 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 605, Florida Statutes.

Corporation Service Company

By:

(Signature)

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

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HHLP KEY WEST ONE MANAGER, 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 TENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HHLP KEY WEST"

ONE MANAGER, LLC" WAS FORMED ON THE NINTH DAY OF APRIL, A.D.

2014.

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

5514348 8300

140452317

Jeffrey W Bullock, Secretary of S AUTHENTYCATION: 1282336

DATE: 04-10-14

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