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(Requestor's Name)				
(Address)	<u>-</u>			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT M	AIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status _	<u>-</u>			
Special Instructions to Filing Officer:				
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K. SALY EXAMINER

JUN 1 6 2014



ACCOUNT NO. : 12000000195					
REFERENCE : 176689 4306245					
AUTHORIZATION :					
COST LIMIT : \$ 130 melo al moi					
ORDER DATE: June 13, 2014					
ORDER TIME : 2:43 PM					
ORDER NO. : 176689-005					
CUSTOMER NO: 4306245					
FOREIGN FILINGS					
NAME: DC HOTELS ONE 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: Emily Gray EXT# 62925					

EXAMINER:

COVER LETTER

TO:

Registration Section Division of Corporations

DC Hotels One 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.
lease return all correspondence concerning this matter to the following:
Sarah Mackin
Name of Person
Sherin and Lodgen LLP
Firm/Company
101 Federal Street
Address
Boston, MA 02110
City/State and Zip Code
corporateparalegal@sherin.com
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Sarah Mackin 617 646-2022
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Boxed{1}\$\$ \$125.00 \text{ Filing Fee}\$ \text{ \$\Boxed{1}\$} \$\$130.00 \text{ Filing Fee} & \$\Boxed{1}\$\$ \$\$155.00 \text{ Filing Fee} & \$\Boxed{1}\$\$ \$\$160.00 \text{ Filing Fee}. Certificate of Status & Certified Copy}\$ \$\$Certificate of Status & Certified Copy\$

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

In the state of Florida Company To Transact Business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "I.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "I.L.C.")

2. Delaware

1. Delaware

2. Delaware

3. 47-1096775

(Idurisdiction under the law of which foreign limited liability company is organized)

4. (Date first transacted business in Florida, if prior to registration.)

(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 260 Terrace Blvd

Voorhees, NJ 08043

(Street Address of Principal Office)

Voorhees, NJ 08043

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:

Mahavir Chudasama, Manager, 260 Terrace Blvd, Voorhees, NJ 08043

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official 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 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 aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for in a 817 155, F.S.)

Mahavir Chudasama

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.

	e of the Limited Liability Comp.	any is:	CALL D
DC Hotels O	ne LLC		是是
lf unavailabl	e, the alternate to be used in the	e state of Florida is:	PSSEE FL
2. The name	e and the Florida street address of	of the registered agent and office are:	22.7.1 10.1.1
	Corporation Service Company	y	
	11-12-	(Name)	<u> </u>
	1201 Hays Street		
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	_
	Tallahassee	32301 FL	
	the second secon	City/State/Zip	
liability comp registered ag statutes relat	pany at the place designated in the ent and agree to act in this capa ing to the proper and complete p	to accept service of process for the above this certificate, I hereby accept the appoin the city. I further agree to comply with the performance of my duties, and I am famil tered agent as provided for in Chapter 6.	ntment as Provisions of all iar with and
	(Signa	ture)	
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "DC HOTELS ONE 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 THIRTEENTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DC HOTELS ONE LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2014.

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

5549358 8300

140836186

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 1451623

DATE: 06-13-14

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