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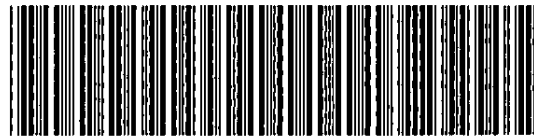
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JUL 23 2014

T. HAMPTON

20844-112

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07-21-14

NAME: CLAREMONT FT. LAUDERDALE SUITES LLC

TYPE OF FILING: APPLICATION FOR AUTHORITY

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2014

FLORIDA FILING & SEARCH SERVICES INC
ABBIE HODGE

SUBJECT: CLAREMONT FT. LAUDERDALE SUITES LLC
Ref. Number: W14000044806

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 JUL 22 PM 4:46
NOTIFIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

We have received your document for CLAREMONT FT. LAUDERDALE SUITES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 714A00015663

Please Keep
original file
date.
Thanks!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Claremont Ft. Lauderdale Suites 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 correspondence concerning this matter to the following:

Beth E. Widisky

Name of Person

Bernkopf Goodman LLP

Firm/Company

2 Seaport Lane, 9th Floor

Address

Boston, MA 02210

City/State and Zip Code

bwidisky@bg-llp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth E. Widisky

Name of Contact Person

at (**617**)

Area Code

790-3428

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
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

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

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

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

1. Claremont Ft. Lauderdale Suites LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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 "LLC.")

2. Delaware

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

3. 47-1380676

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. One Lakeshore Center

Bridgewater, MA 02324

(Street Address of Principal Office)

6. One Lakeshore Center

Bridgewater, MA 02324

(Mailing Address)

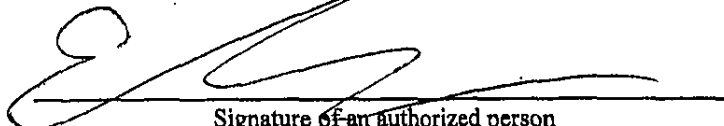
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

The Claremont Company, Inc., Manager

One Lakeshore Center

Bridgewater, MA 02324

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 felony as provided for in s.817.155, F.S.)

Elias Patoucheas, President of The Claremont Company, Inc.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 JUL 21 AM 9:50

FILED

**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:

Claremont Ft. Lauderdale Suites LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Registered Agent Solutions, Inc.

(Name)

155 Office Plaza Dr., Suite A

Florida Street Address (P.O. Box NOT ACCEPTABLE)

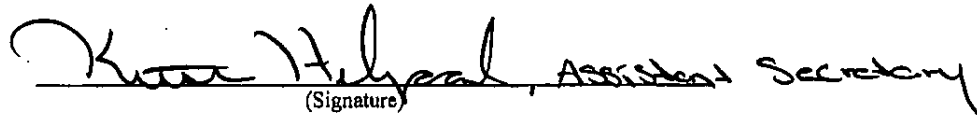
Tallahassee

FL 32301

City/State/Zip

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TALLAHASSEE FLORIDA

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 605, Florida Statutes.


(Signature) **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

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLAREMONT FT. LAUDERDALE SUITES 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 TWENTY-FIRST DAY OF JULY, A.D. 2014.

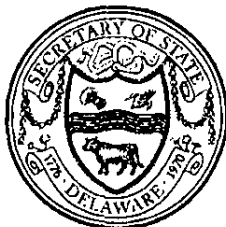
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLAREMONT FT. LAUDERDALE SUITES LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2014.

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

5559802 8300

140977485

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1552275

DATE: 07-21-14