# M14000005428

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            | ·           |
| (Ad                     | idress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bı                     | usiness Entity Nar | me)         |
|                         |                    |             |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



900260856719

14 JUL 30 AH 10: 31

SECRÉTARY OF STATE DIVISION OF CORPORATIONS

DEPARTMENT OF STATE

JUL 3 1 2014 J. HARRIS



| ACCOUNT NO. : I2000000195                       |  |  |  |  |
|---|--|--|--|--|
| REFERENCE : 237204 7955045                      |  |  |  |  |
| AUTHORIZATION: Spelle Man                       |  |  |  |  |
| COST LIMIT : \$ 155.00                          |  |  |  |  |
| ORDER DATE : July 30, 2014                      |  |  |  |  |
| ORDER TIME : 11:18 AM                           |  |  |  |  |
| ORDER NO. : 237204-005                          |  |  |  |  |
| CUSTOMER NO: 7955045                            |  |  |  |  |
|   |  |  |  |  |
| FOREIGN FILINGS                                 |  |  |  |  |
|   |  |  |  |  |
| NAME: CROWN MIAMI HOTEL HOLDING COMPANY, LLC    |  |  |  |  |
|   |  |  |  |  |
| XXXX QUALIFICATION (TYPE: <u>LL</u> )           |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |  |  |  |  |
| XXXXXX_ CERTIFIED COPY PLAIN STAMPED COPY       |  |  |  |  |
| CERTIFICATE OF GOOD STANDING                    |  |  |  |  |
|   |  |  |  |  |
| CONTACT PERSON: Emily Gray EXT# 62925           |  |  |  |  |
| EXAMINER:                                       |  |  |  |  |

#### **COVER LETTER**

TO: Registration Section Division of Corporations

### Crown Miami Hotel Holding Company, 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:

| • •  |
|--|
| Anne Conley  |
| Name of Person   |
| Commune Hotels and Resorts, LLC                                    |
| Firm/Company   |
| 530 Bush Street, Suite 501   |
| Address  |
| San Francisco, CA 94108  |
| City/State and Zip Code  |
| aconley@communehotels.com  |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

| Brian Burnett          | <sub>at (</sub> 415 | 364-5590                 |
|------------------------|---------------------|--------------------------|
| Nome of Contact Person | Aren Code           | Darrima Talanhana Mumbar |

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

| D 1 1      | •    | 1 1   | A .1    | A 11 7          |           |
|------------|------|-------|---------|-----------------|-----------|
| Enclosed   | 15.8 | check | for the | following       | amount.   |
| 1211010300 | 10 4 | CHUCK | 101 010 | A CHILD AN HINE | mili Ouri |

□ \$130.00 Filing Fee & ☐ \$125.00 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 TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902. FLORIDA STATUTES: THE FOLLOWING IS SUBMITTED TO REGISTER A

| FOREIGN LIMITED LIABILITY COMPANY TO TRANSAC.   | TBUSINESS IN THE STATE OF FLORIDA:   | 1     |
|---|--|-------|
| 1. Crown Miami Hotel Holding Company, L   |  |       |
| (Name of Foreign Limited Liability Company; must inc  | lude "Limited Liability Company," "L.L.C.," or "LLC.")   |       |
| (If name unavailable, enter alternate name adopted for the purpose of Liability Company," "L.L.C," or "LLC.") | transacting business in Florida. The alternate name must include "Limited  |       |
| <sub>2.</sub> Delaware  | <sub>3.</sub> 46-1272319   |       |
| (Jurisdiction under the law of which foreign limited liability company is organized)                          | (FEI number, if applicable)  | ,•-   |
| <sub>4.</sub> 6-26-14   | SE IVIS  |       |
|   | n Florida, if prior to registration.)  5, F.S. to determine penalty liability)   |       |
| 5. 530 Bush Street, Suite 501, San  |  | F     |
|   | <b>3</b>   | T;    |
| (Street Addre   | ss of Principal Office)  |       |
| <sub>6.</sub> Same as above   | $\omega$ of  |       |
| 0.  | ·  |       |
| (Mai  | ling Address)  |       |
| 7. The name, title or capacity and address of the per   | rson(s) who has/have authority to manage is/are-   |       |
| Manager: Thomas M. Gottlieb   | son(s) who has have admoney to manage is are.  |       |
|   |  |       |
| c/o Commune Hotels and Resorts  | , LLC  |       |
| 530 Bush Street, Suite 501, San F   | rancisco, CA 94108   |       |
| having custody of records in the jurisdiction under the   | more than 90 days old, duly authenticated by the official ne law of which it is organized. (A photocopy is not a translation of the certificate under oath of the translator                       |       |
| James /   |  |       |
|   | an authorized person nstitutes an affirmation under the penalties of perjury that the facts stated herein are trunt of State constitutes a third degree felony as provided for in s.817.155. F.S.) | ıe. ] |
| Michael J. Wisner, a  | Authorized Signer  |       |

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:                                   |                    |              |
|--|----------------------------|---|--------------------|--------------|
| Crown Miami F                                    | Hotel Holding Company, L   | .c  | <del> </del>       |              |
| If unavailable                                   | , the alternate to be used | in the state of Florida is:                   |                    |              |
|  |                            |   |                    | DIV.         |
| 2. The name                                      | and the Florida street ad  | dress of the registered agent and office are: | JUL 30             | ISION OF     |
|  | Corporation Service Co     | ompany  | _                  | 250          |
|  |                            | (Name)  | AH 10: 3           | FSIZA        |
|  | 1201 Hays Street           |   | $\frac{\omega}{2}$ | SHOIL<br>Tip |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |                            |   | €/`                |              |
|  | Tallahassee                | 32301<br>FL                                   |                    |              |
|  |                            | City/State/Zip                                |                    |              |

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.

Corporation Service Company

By: Crick Signature

(Signature)

Emily Gray
Asst. Vice President

\$ 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 "CROWN MIAMI HOTEL HOLDING COMPANY,

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 THIRTIETH DAY OF JULY,

A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CROWN MIAMI HOTEL HOLDING COMPANY, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5230838 8300

141013202

AUTHENT CATION: 1578823

DATE: 07-30-14

You may verify this certificate online