Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 : (770)777-2091 Phone Fax Number : (770)220-1943

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company DiamondRock Key West North Tenant, LLC

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B. BOSTICK

Electronic Filing Menu

Corporate Filing Menu

HelpAUG - 5 2014

COVER LETTER

DIAMONDROS	K KEY WEST NORTH	TENANT, LLC	
SUBJECT:	Name of Limite	d Liability Company	
The enclosed "Application by F Existence, and check are submit	oreign Limited Liability Comp ted to register the above refer	puny for Authorization to Tra	nsact Business in Plorida," Certificate company to transact business in Flor
Please return all correspondence	concerning this matter to the	following:	
Sharon K. C	Bray		
	N	ame of Person	
Triad Profes	ssional Services, LLC		
	Fi	тт/Сотрапу	
1720 Windy	vard Concourse, Ste. 390)	
		Address	
Alpharetta,	GA 30005		
	City/S	tate and Zip Code	
cheryl.vanvl	et@drhc.com		
		for future annual report notified	n:On)
for further information concern Sharon K. Gray	ing this matter, picase onli:	770 777-20	991 SEC 21
Name	of Contact Person	_ at ()	mine Telephone Number 1
Division of Corporation Registration Section P.O. Box 6327 Tallahassee, PL 32314	ns Divisio Registri Clifton 2661 E Tallaha	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301	SECONOMINATION OF STATE ACCESSES. FLORIDA
Enclosed is a check for the \$125.00 Filing Fee	following amount: \$\Boxed{\Boxesia} \text{\$\subseteq} \$\sub	S155.00 Fifing 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 COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DIAMONDROCK KEY WEST NORTH TENANT, LLC	
(Name of Foreign Limited Liability Company; most include "Limited Liability Company)	Company, ""L.L.C.," or "LLC.")
(H'name unavailable, enter alternate name adopted for the purpose of transacting business in F Liability Company," "L.L.C." or "LLC.")	lorida. The alternate name must include "Limited
2. Delaware 3	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, (fapplicable)
4. Upon qualification	
(Date first transacted business in Florida, if prior to regi (See sections 605.0904 & 605.0905, F.S. to determine pens	stration) alty liability)
3 Bethesda Metro Center, Suite 1500	
Bethesda, MD 20814	
(Street Address of Principal Office)	
6. Bethesda Metro Center, Suite 1500	
Bethesda, MD 20814	Tito 🕦
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/ha	ve authority to manage is/are
	Say ±
See Atlachment A	
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	- इस स
8. Attached is an original certificate of existence, no more than 90 days having custody of records in the jurisdiction under the law of which it is acceptable. If the certificate is in a foreign language, a translation of the must be submitted)	s organized. (A photecopy is not
Signature of an authorized pers	on .
(In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation and arm aware that any false information submitted in a document to the Department of State constitutes a third	er the penalties of perjury that the facts stated herein are true.
· William J. Tennis	
'Canad ar neinted name of ciange	**

Attachment A

Application by Foreign Limited Liability Company for Authorization to Transaction Business in Florida Subject: <u>DIAMONDROCK KEY WEST NORTH TENANT, LLC</u>

- 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
 - Bloodstone TRS, Inc., Managing Member (MGRM), 3 Bethesda Metro Center, Suite 1500, Bethesda, MD 20814
 - Sean M. Mahoney, Director (MGR), 3 Bethesda Metro Center, Suite 1500, Bethesda, MD 20814
 - Briony R. Quinn, Director (MGR), 3 Bethesda Metro Center, Suite 1500, Bethesda, MD 20814
 - William J. Tennis, Director (MGR), 3 Bethesda Metro Center, Suite 1500, Bethesda, MD 20814

SECRETARY OF STATE.

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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.

II unavailab	le, the alternate to be used in	n the state of Florida is:				
2. The nam	2. The name and the Florida street address of the registered agent and office are:					
	NRAI Services, Inc.					
		(Name)	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	1200 South Pine Island Road					
	Florida Stren	Address (P.O. Box NOT ACCEPTABLE)				
	Plantation	33324	MA F			
		City/State/Zip				
		the second second	6 H			
		and to accept service of process for the I in this certificate, I hereby accept the				
		capacity. I further agree to comply wi				
statutes reta accept the o	ting to the proper and compl bligations øfmy position as i	lete performance of my duties, and I at registered agent as provided for in Ch	n jamiitar witn ana apter 605, Florida			
Statutes.	V.		•			
	\mathcal{M}_{α}	V. M. K. LA				
	/ / N/8 & 100 \					

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "DIAMONDROCK KEY WEST NORTH TENANT,

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 FOURTH DAY OF AUGUST,

A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIAMONDROCK KEY WEST NORTH TENANT, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2014.

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

SECRETARY OF STATE

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tou may verily this destilicate online at cosp.delaware.gov/authver.shtml AUTHENTICATION: 1590279

DATE: 08-04-14