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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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08/08/14--01017--016 **125.00



AUG 22 2014 D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

ຼ JBA ADVISORS III, 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 MARAJ
Name of Person
WHM LLC
Firm/Company
501 E. CAMINO REAL
Address
BOCA RATON, FL 33432
City/State and Zip Code
amaraj@luxuryresorts.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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,561

447-5318

Name of Contact Person

Area Code

Daytime Telephone N

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 TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE 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.

(Name of Foreign Limited Liability Company; must inch	ide "Limited Liabili	ty Company," "L.L	.C.," or "LLC.	")	
f name unavailable, enter alternate name adopted for the purpose of triability Company," "L.L.C," or "LLC.")	ansacting business i	n Florida. The alter	nate name mu	st include	e "Limite
DELAWARE	3. N/A				
(Jurisdiction under the law of which foreign limited liability company is organized)	^· 	(FEI number, if	applicable)		
UPON FILING					
(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, if prior to re F.S. to determine p	egistration.) enalty liability)			
501 E. CAMINO REAL					
BOCA RATON, FL 33432			7		
	of Principal Office)		534	2014	-
501 E. CAMINO REAL			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Æ	
BOCA RATON, FL 33432			- S	21	
·	ng Address)		100 中 100 100 100 100 100 100 100 100 10	AH	
The name, title or capacity and address of the pers		have authority	to manage	is/are:	
PROSPECT HOTEL ADVISORS, L	L.C.			-5	
MEMBER-MANGED					
01 E. CAMINO REAL, BOCA RAT	ON. FL 3	3432			
Attached is an original certificate of existence, no n	ore than 90 da	ys old, duly au	thenticated	by the	e officia
living custody of records in the jurisdiction under the ceptable. If the certificate is in a foreign language, a	law of which i	t is organized. he certificate u	(A photocounder oath o	opy is a	not translati
ust be submitted)			macr cam	or the t	ii aii isiqt
maryo.	freeh ur	-			
Signature of ar	authorized per	rson	 _		
accordance with section 605.0203, F.S., the execution of this document const aware that any false information submitted in a document to the Department	itutes an affirmation u	nder the penalties of p	erjury that the f	acts states	d herein ar

Typed or printed name of signee

MaryJo Finocchiaro

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.

Ifunavaila	able, the alternate to be used i	in the state of Florida is:	
2. The na	me and the Florida street add	ress of the registered agent and offic	ce are:
	CORPORAT	TION SERVICE COM	PANY
		(Name)	-
	230 SOUTH	OCEAN BOULEVAP	RD
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)	
	PALM:BEACH	_{FL} 33480	AUG 21
		City/State/Zip	SSEE SEE
liability co registered statutes re	ompany at the place designated agent and agree to act in this lating to the proper and comp	and to accept service of process for d in this certificate, I hereby accept to capacity. I further agree to comply plete performance of my duties, and I registered agent as provided for in C	he appointment is Swith the provisions of all am familiar with and
	1	DAVE NICKELSEN, AS	ST VP
		(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

DAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "JBA ADVISORS III, 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 AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JBA ADVISORS III, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2014.

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

5488437 8300

141095344

DATE: 08-21-14

You may varify this certificate online at corp. delaware.gov/authver.ahtml

AUTHENTY CATION: 1638190