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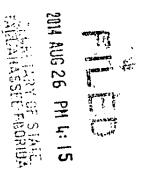
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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O. ERUCE

#### **COVER LETTER**

SUBJECT:	JBA ADVISORS I	e of Limited Liability Company
The enclosed " Existence, and	Application by Foreign Limited Liabi check are submitted to register the ab	ility Company for Authorization to Transact Business in Florida," Certificate of love referenced foreign limited liability company to transact business in Florida
Please return a	Il correspondence concerning this mat	tter 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@luxuryr	
	E-mail address:	(to be used for future annual report notification)
For further info	ormation concerning this matter, pleas	e call:
A١	INE MARAJ	1,561 447-5318 E E
	Name of Contact Person	Area Code Daytime Telephone Number
Divisi Regist P.O. E	on of Corporations tration Section Box 6327 tassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amounts 25.00 Filing Fee	Fee & \$\Bigsup \$155.00 Filing Fee & \$\Bigsup \$160.00 Filing Fee, Certificate

## 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:

1 JBA ADVISORS II, LLC	NSACT BUSINESS IN THE STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; m	nust include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purp Liability Company," "L.L.C," or "LLC.")	ose of transacting business in Florida. The alternate name must include "Limited
DELAWARE	3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. UPON FILING	
(Date first transacted bus (See sections 605.0904 & 60	siness in Florida, if prior to registration.) 05.0905, F.S. to determine penalty liability)
<sub>5.</sub> 501 E. CAMINO REAL	6
BOCA RATON, FL 33432	SST 6
6. 501 E. CAMINO REAL	Address of Principal Office)
BOCA RATON, FL 33432	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	(Mailing Address)
7. The name, title or capacity and address of the	he person(s) who has/have authority to manage is/are:
PROSPECT HOTEL ADVISOR	RS, L.L.C.
MEMBER-MANGED	
501 E. CAMINO REAL, BOCA	RATON, FL 33432
having custody of records in the jurisdiction un-	te, no more than 90 days old, duly authenticated by the official der the law of which it is organized. (A photocopy is not uage, a translation of the certificate under oath of the translator
maryo	in french un
Signatur	re of an authorized person ment constitutes an affirmation under the penalties of perjury that the facts stated herein are to

MaryJo Finocchiaro

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.

Ifiunavailable,	the alternate to be used in th	e state of Florida is:		
2. The name i	and the Florida street address	of the registered agent and office are:		•
	CORPORATIO	N SERVICE COMPAN	۱Y	
		(Name)	2014 	
	230 SOUTH O	CEAN BOULEVARD		
	Florida Street Ad	dress (P.O. Box NOT ACCEPTABLE)	6 26 1737 1738 1738 1738 1738 1738 1738 1738	(marri
	PALM BEACH	FL 33480	P 2	
		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.

\$ :	100.00	Filing Fee for Application
S	25.00	Designation of Registered Agent
\$	30.00	Certified Copy (optional)
\$	5.00	Certificate of Status (optional)

# Delaware

PAGE

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "JBA ADVISORS II, 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-SIXTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JBA ADVISORS II, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2013.

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

2014 AUG 26 PH 4: 16

5404698 8300

141108305

AUTHENTICATION: 1647205

DATE: 08-26-14

You may verify this certificate online