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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Email Address:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

Foreign Limited Liability Company ARL Jacksonville Management LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	05	
Estimated Charge	\$125.00	

SEP 1 0 2014

J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	tegistration Section Division of Corporations	
SUBJECT:		
	Name of Limited Liability Company	•
The enclosed Existence, and	sed "Application by Foreign Limited Liability Company for Authorization to T , and check are submitted to register the above referenced foreign limited liabil	ransuct Business in Florida," Certificate of ity company to transact business in Florida
Please return	um all correspondence concerning this matter to the fullowing:	
	Cynthia Warren	
	Name of Person	
	Pyramid Hotel Group	
	Firm/Company	
	One Post Office Square, Suite 3100	
	Address	
	Boston MA 02109 City/State and Zip Code	
	City/size and hip Code	
	CLS-AnnualReportFilingTeam@wolterskluwer.com	
	E-mail address: (to be used for future annual report not)	(cation)
For further in	er information concerning this matter, please call:	
	Name of Contact Person Area Code	Daytime Telephone Number
	MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	
Reg	Registration Section Registration Section	
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	
1 811	Tallahassea, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is	d is a check for the following amount:	
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$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:

ibility Company," "L.L.C." or "L.L.C.	no edopted for the purpose of transacting business in Florida. The alternate name.")	must include "Limite
Massachusetts	3	
Jurisdiction under the law of which company is organized)	Toreign limited liability (FEL number, if applicable)
		7
40.	Date live transacted business in Florida, If prior to registration.)	38
•	sections 605.0904 & 605.0905, F.S. to defermine penalty liability)	- 0
One Post Office Square, Suite	3100	<u></u>
Boston MA 02109		380
	(Street Address of Principal Office)	<u>.</u>
One Post Office Square, Suite 3	1100	<u>ب</u>
		
Boston MA 02109		
	y and address of the person(s) who has/have authority to man. One Post Office Square, Suits 3100 Boston, MA 02109	age is/are:
ichard M. Kelleher, Manager	One Post Office Square, Suite 3100 Boston, MA 02109	age is/aro:
ichard M. Kelleher, Manager /arren Q. Fields, Manager	One Post Office Square, Suite 3100 Boston, MA 02109 One Post Office Square, Suite 3100 Boston, MA 02109	age is/are:
ichard M. Kelleher, Manager	One Post Office Square, Suite 3100 Boston, MA 02109	age is/are:

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.

CT Corporation System (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Zip Clay/State/Zip Clay/State	lf unavailat	ole, the alternate to be used	in the state of Florida is:		
(Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 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	2. The nam	ne and the Florida street ad	dress of the registered agen	t and office are;	
Plantation Plantation Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Zip Flaving 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		C T Corporation System			
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\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

September 5, 2014

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ARL JACKSONVILLE MANAGEMENT LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on September 5, 2014.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: RICHARD M. KELLEHER, WARREN Q. FIELDS, JAMES R. DINA

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: RICHARD M. KELLEHER, WARREN Q. FIELDS, JAMES R. DINA

The names of all persons authorized to act with respect to real property listed in the most recent filing are: RICHARD M. KELLEHER, WARREN Q. FIELDS, JAMES R. DINA, CHRISTOPHER DEVINE



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Francis Galecin