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Certified Copies Certificates of Sta	itus
Special Instructions to Filing Officer:	
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K.SALY EXAMINER OCT 10 2014



ON SERVICE COMPANY'
ACCOUNT NO. : 12000000195
REFERENCE : 331804 7490443
AUTHORIZATION :
COST LIMIT : \$ 125.00
ORDER DATE : October 9, 2014
ORDER TIME : 3:41 PM
ORDER NO. : 331804-060
CUSTOMER NO: 7490443
FOREIGN FILINGS
NAME: IHP WEST PALM BEACH (FL) OWNER, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Courtney Williams EXT# 62935
EXAMINER:

#### COVER LETTER

Registration Section

ck are submitte prrespondence Carol Maye	ed to register to	he above r	eferenced	foreign lin	zation to l nited liabi	Fransact lity com	Business i pany to tra	n Florida, nsact busi	" Certificate of mess in Florida
Carol Måye	``	s matter to	the follow	wing:					,
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		Div Reg Clir 266	rision of C gistration S fron Build il Executi	orporation Section ing ve Center (	•		1* 1*		
	mayers@n tion concerning Name CADDRESS of Corporation on Section 6327	mayers@nsamgroup.  E-mail addition concerning this matter,  layers  Name of Contact Person Section  6327	mayers@nsamgroup.com  E-mail address: (to be tion concerning this matter, please call layers  Name of Contact Person  GADDRESS: ST of Corporations Diversetion Research Research Climes, FL 32314 266	99 Park Avenue; 18th Floor  Add  New York, NY 10022  City/State an mayers@nsamgroup.com  E-mail address: (to be used for fittion concerning this matter, please call:  Name of Contact Person  CADDRESS: of Corporations on Section Citron Build 2661 Executi	Address  City/State and Zip Code mayers@nsamgroup.com  E-mail address: (to be used for future annual tion concerning this matter, please call:  Mayers  Area Coc CADDRESS: of Corporations on Section Cliffon Building	Address  New York, NY 10022  City/State and Zip Code  mayers@nsamgroup.com  E-mail address: (to be used for future annual report noting this matter, please call:  Name of Contact Person  Name of Contact Person  Area Code  CADDRESS:  of Corporations  on Section  Californ Building  2661 Executive Center Circle	Address  New York, NY 10022  City/State and Zip Code  mayers@nsamgroup.com  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  Name of Contact Person  Name of Contact Person  Area Code  Daytime  C ADDRESS:  of Corporations  on Section  Clifton Building  2661 Executive Center Circle	Address  New York, NY 10022  City/State and Zip Code  mayers@nsamgroup.com  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  Name of Contact Person  Name of Contact Person  Area Code  Daytime Telephone Notes STREET ADDRESS: of Corporations Division of Corporations Possible Section Clifton Building Dee, FL 32314  2661 Executive Center Circle	Address  New York, NY 10022  City/State and Zip Code  mayers@nsamgroup.com  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  Name of Contact Person  Name of Contact Person  Area Code  Daytime Telephone Number  C ADDRESS: of Corporations Division of Corporations On Section Registration Section Cliffon Building 2661 Executive Center Circle

### 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:

IHP West Palm Beach (FL) Ow		:		* * * * * * * * * * * * * * * * * * * *
(Name of Foreign Limited Liability	y Company; must include	"Limited Liability Comp	any." "L.L.C" or "Ll	.C.")
		·		
If name unavailable, enter alternate name adopte inbility Company, "L.L.C." or "LEC.").	ed for the purpose of trans	acting business in Florida	i. The alternate name i	must include "Limited
Delaware	3.	•		
(Jurisdiction under the law of which foreign lin company is organized)	mited liability	(FEI	number, if applicable)	
10/01/2014				
(Date first (See sections	transacted business in Flo 605.0904 & 605.0905, F.S	rida, if prior to registrations, to determine penalty lia	in.) ability)	- F
399 Park Ave., 18th Floor			•	30
New York, NY 10022			,	100
	. (Street Address of	Principal Office)		Ho R
399 Park Ave., 18th Floor	·		· · · · · · · · · · · · · · · · · · ·	TO G
New York, NY 10022			,	
	(Mailing /	Address)	<del></del>	
<ol> <li>The name, title or capacity and ac</li> <li>HP I Owner MB1, LLC, Sole Mei</li> </ol>	• • •	(s) who has/have a	uthority to mana	ge is/are:
399 Park Ave., 18th Floor		· ,	,	
New York, NY 10022	,			
				X 2 2
Attached is an original certificate of aving custody of records in the jurist cceptable. If the certificate is in a formust be submitted)	diction under the la	w of which it is or	ganized. (A phot	ocopy is not
	Signature of an a	uthorized person		
n accordance with section 605.0203 (F.S., the execution aware that any false information submitted in a doc	ion of this document constitu	tes an affirmation under the		
Jenny B. Ne	slin			
	Transformation and	ama of signes		

## 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.

		ed in the state of Florida	1S: '	F 9
			•	
2. The name ar	nd the Florida street a	address of the registered	agent and office are:	SEE. FLO
	Corporation Service	Company		
	1201 Hays Street	(Name)		<del></del>
	Florida S	Street Address (P.O. Box NO	T ACCEPTABLE)	<del></del> ·,
	Tallahassee	3230 FI	01	

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:

(Signature)

Courtney Williams

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 "IHP WEST PALM BEACH (FL) OWNER,

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 NINTH DAY OF OCTOBER,

A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IHP WEST PALM BEACH (FL) OWNER, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2014.

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

5568037 8300

141276994

Jeffrey W Bullock, Secretary of St. AUTHENTY CATION: 1768217

DATE: 10-09-14

You may verify this certificate online at corp.delaware.gov/authver.shtml