Florida Department of State

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(((H150000147803)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: NORTHWEST REGISTERED AGENT LLC

Phone

Account Number : I20090000081 (509)768-2249

Fax Number

(855)330-1010

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

Certificate of Status Certified Copy 0 04 Page Count Estimated Charge \$125.00

FULCRUM HOSPITALITY LLC.

JAN 22 2015 J. HARRIS

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January 21, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NORTHWEST REGISTERED AGENT LLC

SUBJECT: FULCRUM HOSPITALITY LLC

REF: W15000004235

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H15000014780 Letter Number: 115A00001207

15 JAN 20 AN 10: 00

WEELD CHPOTATIONS
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

2015 JAN 21 AM 8: 21

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:

| FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 FULCRUM HOSPITALITY LLC | |
|---|----------|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limite Liability Company," "L,L,C," or "LLC.") | :d |
| 2. New Jersey 3. n/a | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| 4. Upon Qualification | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | |
| 3030 N. Rocky Point Dr. STE 150A, Tampa, FL 33607 | |
| SEC TALL | |
| (Street Address of Principal Office) | |
| 6. 11 KIRKVIEW CIR, WESTFIELD, NJ 07090 | - |
| | ראר י |
| (Mailing Address) | |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are~ | |
| Steven Angel, Member 3030 N. Rocky Point Dr. STE 150A, Tampa, FL 33607 | |
| | |
| • | |
| | |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offic | ial |
| having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not | |
| acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation be submitted) | .tor |
| And I | |
| Signature of an authorized person | nua + |
| (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.) | ne true. |
| Steven Angel | |

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.

| The name of the Limited Liability Company is: FULCRUM HOSPITALITY LLC | | | |
|--|--|-------------------------------------|--|
| If unavailable | t, the alternate to be used in the state of Florida is: | | |
| 2. The name | and the Florida street address of the registered agent and office are: REGISTERED AGENTS INC. | 2015 JAN 2 SECRETAI TALLAHAS | |
| | 3030 N. Rocky Point Dr., STE 150A | AN 21 AM ETARY OF S HASSEE.FU | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) Tampa 33607 City/State/Zip | 1-8:21 STATE FLORID/ | |

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.

Bill Havre - President

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 | Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

FULCRUM HOSPITALITY LLC

0400403348

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 10, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Steven M. Angel 11 Kirkview Circle Westfield, NJ 07090 3443

OF THE STATE OF

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 7th day of January, 2015

A . . .)

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Certification# 134770855